

Please complete and return to Human Resources within 24 hours or the next business day following the accident.

Privileged & Confidential: This incident report is subject to the attorney-client privilege and the attorney product work doctrine and is prepared in anticipation of litigation for ultimate transmittal to defense counsel.

THIS FORM IS TO BE FILLED OUT BY THE MOD AT THE TIME OF THE INCIDENT

FULL NAME : _____ DATE OF BIRTH : _____

ADDRESS : _____ CITY/STATE : _____ ZIP CODE : _____

CELL PHONE : _____ WORK PHONE : _____

EMAIL ADDRESS : _____

INJURY DETAILS

Date of Injury : _____ Time : _____ AM/PM

Location : _____

Specific injury/illness and part of body affected. (e.g. Second degree burns on right arm, tendonitis on left elbow, lead poisoning, etc.)

Equipment, materials and/or chemicals the customer/vendor came into contact with when the event or exposure occurred. (e.g. Debris on the floor, water, ladder, etc.)

Specific activity the customer/vendor was performing when the event or exposure occurred. (e.g. Walking down the stairs, walking on the sales floor, etc.)

How did the injury/illness occur? Describe the sequence of events. Specify the object(s) or exposure which directly produced the injury/illness.

INJURY DETAILS (CONTINUED.)

Was another person involved in the injury/illness? : YES NO

IF "YES", NAME: _____ CELL PHONE : _____

Were there any witnesses to the injury/illness? YES NO

If "Yes", please attach statements written from each witness.

WITNESS NAME : _____ CELL PHONE : _____

WITNESS NAME : _____ CELL PHONE : _____

Did the customer/vendor require medical attention? : YES NO

If "Yes", please complete the following information:

WAS 911 CALLED? : YES NO

WERE CAMPUS POLICE AND/OR LB FIRE CALLED TO THE SCENE? YES NO

WAS THE CUSTOMER/VENDOR TRANSPORTED TO THE HOSPITAL? YES NO

If "Yes", please complete the following information:

MEDICAL FACILITY : _____

M.O.D. PRINT NAME : _____

M.O.D. SIGNATURE : _____ DATE : _____

HUMAN RESOURCES/RISK MANAGEMENT ONLY

Referred to beach Shops insurance provider? YES NO

Is video surveillance available? YES NO

If "Yes", is the video secured? YES NO

Was the customer/vendor contacted for follow-up? YES NO

If "Yes", document the date and statement received by the customer/vendor:

Human Resources Representative Signature : _____ Date : _____