

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.

PLEASE COMPLETE AND RETURN TO HUMAN RESOURCES WITHIN 24 HOURS OR THE NEXT BUSINESS DAY FOLLOWING THE ACCIDENT

Full Name: _____

Address: _____ City/State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Company (for vendor accident only): _____ 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 9-1-1 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 INDIVIDUAL WAS REFERRED TO: _____

On-Duty Manager Name: _____

On-Duty Manager 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:

HR Representative Signature: _____ Date: _____