TARLETON STATE UNIVERSITY
Report of Accident/Illness

To Be Completed IMMEDIATELY by the Injured Person

Name: _____ **UIN:** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone Number: ( ) _____ **DOB:** _____

Ethnicity (check one): _____**White** _____**Black** _____**Hispanic** _____**Native American** _____**Asian** _____**Other**

Marital Status (check one): _____**Single** _____**Separated** _____**Widowed** _____**Married** _____**Divorced**

If married, spouses name: _____ **# of Dependents:** _____

Classification (check one): _____**Staff** _____**Faculty** _____**Student employee** _____**Student** _____**Visitor**

Job Title: _____ **Department:** _____

Supervisor: _____ **He/She Notified:** ☐ **YES** ☐ **NO** **If yes date/time:** _____

Date of Injury: _____ **Time of Injury:** _____

Facility/Location Where Injury Occurred: _____

Machine/Tool/Thing/Person Causing Injury: _____

Describe in Detail How Accident Occurred and What You Were Doing When Injured:

_____

_____

_____

_____

What is the nature of the injury (ie: sprain, fracture, etc.): _____

What part(s) of the body was injured: (please check one)

Head ◯	**Rt. Arm** ◯	**Lt. Arm** ◯	**Rt. Leg** ◯	**Lt. Leg** ◯	**Neck** ◯
Face ◯	**Rt. Elbow** ◯	**Lt. Elbow** ◯	**Rt. Knee** ◯	**Lt. Knee** ◯	**Chest** ◯
Eye ◯	**Rt. Wrist** ◯	**Lt. Wrist** ◯	**Rt. Ankle** ◯	**Lt. Ankle** ◯	**Lower Back** ◯
Ear ◯	**Rt. Hand** ◯	**Lt. Hand** ◯	**Rt. Foot** ◯	**Lt. Foot** ◯	**Upper Back** ◯

Finger (Specify which hand and finger below)___ **Toe** (Specify which foot and toe below)___ **Nose** ◯ **Stomach** ◯

Other: _____

Describe in Detail the Injury: _____

_____

_____

_____

Witnesses: _____ **Did You Go to the Hospital:** ☐ **Yes** ☐ **No**

If Yes, Where: _____

Employee Signature: _____ **Date:** _____

TARLETON STATE UNIVERSITY
Supervisor & Department Head/Director Report of Accident/Illness

To be completed *immediately* following an Accident *(If employed by the University.)*

Employee Name: _____

Date of Injury: _____ **Date and Time You Were Notified:** _____

What is the nature of the injury (ie: sprain, fracture, etc.): _____

Cause of the Injury: _____

Physical Location of Where the Injury Occurred: _____

Was a Safety Appliance in Use? ____**Yes** ____**No** ____**Unknown**

Was the employee trained on how to prevent the injury? ____**Yes** ____**No**

Is there training available to prevent this injury? ____**Yes** ____**No**

If yes, what kind: _____

Did the unit have a safety rule, regulation, or standard that, if complied with, would have prevented the occurrence? ☐**Yes** ☐**No** ☐**N/A**

Was the rule, regulation, or standard violated? ☐**Yes** ☐**No** ____**N/A**

Do you concur with the *Initial Injury Report Form*? ____**Yes** ____**No**

If no, what action have you taken?

_____

_____

_____

How can an injury like this be prevented in the future:

_____

_____

_____

Did employee seek medical attention: ____**Yes** ____**No**

If so, Where Was the Employee Treated: _____

First Day Unable to Work: *(if applicable)*: _____

Supervisor Signature (please print): _____ **Date:** _____

Department Head/Director Signature (please print): _____ **Date:** _____

RETURN THIS FORM TO:
Tarleton Department of Risk Management & Safety
Box T-0830 or fax (254) 968-9658

For additional information call:
(254) 968-9898

SEND COPY OF FORM TO:
Department of Employee Services
Box T-0510 or fax (254) 968-9590