Visitor Incident/Injury Report Form

Please complete form within 24 hours of incident occurring. Form can be submitted online or can be printed and submitted to Tim Kirsch (kirsch@rmu.edu) in Safety Services in-person, by email or inter-office mail.

Incident Information

Name of person involved in incident or injured:_____

Date of Incident:_____ Time of Incident: _____

Location of Incident, be specific to building, room, area, or location on premises (ex. ISC, Golf Dome, Practice Range, North Stair to mezzanine):

_____

Injured Person Details

Name of injured person:_____ Home Phone Number:_____

Cell Phone Number: _____ Email:_____

Address:_____

Male: _____ Female:_____ Age:_____

Please list any witness(es) to incident

Name:_____ Phone Number:_____

Name:_____ Phone Number:_____

Incident Details

Was injured person involved in an event when incident occurred? _____

What type of event was injured person involved in if any? (Check those that apply)

_____ Sporting _____Recreational League _____Conference/Meeting _____Other

Was a release/waiver signed if involved in an event? _____Yes _____No

Was event equipment involved in the incident? _____Yes _____No

Describe equipment involved:_____

Was the equipment owned by RMU: _____Yes _____No

Injury Description

Nature of injury: (Check all that apply)

_____ Strain/Sprain _____Fracture _____Laceration/Cut _____Bruising _____Scratch/Abrasion

_____ Dislocation _____Burn/Scald _____Internal _____Foreign Body _____Chemical Reaction

_____ Needle Stick _____Amputation _____Other

List body parts injured if any: _____

Was an ambulance called? _____Yes _____No

Was the incident reported to RMU Police?_____

Treatment sought: _____Emergency/Hospital _____First Aid _____None _____Other

If treatment was sought please note where:_____

Damaged Property

Was there any property damage? _____Yes _____No

Other: _____

Please list any property, equipment or material damaged:_____

Description of damage to the items listed above:_____

Cause of incident/damage:_____

Description of Incident

Describe in detail what happened (who, what, where, when, why):

_____

_____

_____

Describe what action, condition, and/or circumstance caused the incident: _____

_____

_____

Summarize other conditions related to the incident- even contributing factors that may have educed the severity: _____

_____

_____

Preventative or Corrective Actions

Describe the actions that will be taken to prevent recurrence if any: _____

_____

_____

Signature

Injured person print name : _____

Injured person sign name:_____

Date: _____