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| --- |
| **Appalachian State University****ACCIDENT REPORT****(This accident form is to be used to report any non-work related incident)** |
| **Department:** |  |  |
| **Injured Person:** |  |  |
| Name: |  |  | Date of Birth: |       |  | Sex: (M/F) |  |  |
|  |
| ASU ID#: |       |  | Check One: |  Staff [ ]  | Student [ ]  | Faculty [ ]  | Other [ ]  |
|  |
| Home Address: |  |  |  |  |  |  |  |
|       |  | Home Phone: |       |  |  |
|       |  | Work Phone: |       |  |  |
|       |  |  |  |  |  |
|  |
| **Accident:** |  |  |
| Location: |       |  | Date:  |       |  | Time: |       | a.m. [ ]  |  |
| p.m. [ ]  |  |
|  |
| Class: |       |  | Instructor: |       |  |
|  |
| **Cause of Accident:** |  |  |
| Describe how the accident happened (include sport/activity engaged in at time of accident) |
|       |
|       |
|       |
|       |
|  |
| **Nature of Injury:** |       |  |
|  |
| Did individual receive medical treatment? | Check One: |  Yes [ ]  | No [ ]  |  |
| If so, by whom: |       |
| Kind of body fluid spilled: | Check One: |  Blood [ ]  | Vomit [ ]  | Other  |       |
| Amount of fluid spilled: |       |  |
| Who responded to the clean up spill? |       |
|  |
|       |  |       |  |
| Signed by Person Submitting Report |  | Date |  |

You will need three (3) copies of this completed report. Keep a copy for (1) Department files, (2) send a copy to the Safety Office, and (3) one report to the University Attorney. Contact the Safety Office at ext. 4008 with questions regarding form.