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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: | | | | | | | |  | | | | | | |  |  | | |
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| **Accident:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Location: | |  | | | | | | | | | | | | | | |  | Date: | |  | | | | | | | |  | | | | Time: | | |  | | | | a.m. | | |  |
| p.m. | | |  |
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| Class: |  | | | | | | | | | | | | | | |  | | Instructor: | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cause of Accident:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Describe how the accident happened (include sport/activity engaged in at time of accident) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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.