**Appalachian State University**

**Accident Report**

**DATE/TIME**

**Date/Time of Incident** Click or tap here to enter text.

**Type of Incident** Click or tap here to enter text.

*Incident Report Only, Injury Medical Need, Near Hit, Property Damage*

**Location of Incident** Click or tap here to enter text.

**Extent of Injury** Click or tap here to enter text.

**NAMES**

**Name of Individual(s) Involved** Click or tap here to enter text.

**Banner ID** Click or tap here to enter text.

**Individual(s) Phone** Click or tap here to enter text.

**Individual(s) Email** Click or tap here to enter text.

**Department of Individual** Click or tap here to enter text.

**Supervisor (if employee)\*** Click or tap here to enter text.

\*a different form is required for employees

**Role of Individual** Click or tap here to enter text.

*Employee, Student, Student Employee, Faculty, Visitor/Contractor*

**TREATMENT**

**Received Medical Treatment** Yes or No

**By Whom?** Click or tap here to enter text.

**NOTIFICATION**

**Date of Notification** Click or tap here to enter text.

**Person Making this Notification** Click or tap here to enter text.

**Relationship to Individual Involved** Click or tap here to enter text.

**Email**  Click or tap here to enter text.

**DESCRIPTION**

**Description of Incident** (include sport/activity engaged in at time of accident and course/sec number)

Click or tap here to enter text.

**File information at Environmental Health, Safety, & Emergency Management:** [**http://safety.appstate.edu/**](http://safety.appstate.edu/)

A copy of this form should be maintained within department and emailed to the program director and chair.

Appalachian does not provide insurance or pay students’ medical costs if they are injured in class. Students can visit Health Services (262-6577) on campus, but there is a limit to the care they are able to provide.

This accident form is used to report any non-work related incident. RMPE Department 2017.