

University of Wisconsin-Superior

INJURY REPORT *For Campus Safety & Risk Manager*

Name (Last, First MI)			Date of Birth			MM	DD	YYYY
			Month /Day/ Year					
Address (Complete permanent address)			Date of Accident			MM	DD	YYYY
			Month /Day/ Year					
			Medical treatment required?		<i>(Check if applicable)</i>			
			First Aid treatment only?		<i>(Check if applicable)</i>			
Exact location where accident took place (inside, outside, building name, room #, vehicle, etc.)								
Describe the activity engaged in at the time of the accident (Explain in detail)								
Nature of Injury or Illness								
Have you been treated for a similar injury or condition in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> (Check as applicable)								
If Yes, Dates of treatment, Name of Doctor, Hospital or Clinic providing treatment.								
Part of body injured (check ALL that apply, and choose appropriate side and/or number 1-5)(Thumb=Finger 1, Great Toe=Toe 1)								
Abdomen		Hip	<input type="checkbox"/> L <input type="checkbox"/> R		Shoulder	<input type="checkbox"/> L <input type="checkbox"/> R		Mouth
Back		Leg	<input type="checkbox"/> L <input type="checkbox"/> R		Elbow	<input type="checkbox"/> L <input type="checkbox"/> R		Chin
Side	<input type="checkbox"/> L <input type="checkbox"/> R	Ankle	<input type="checkbox"/> L <input type="checkbox"/> R		Wrist	<input type="checkbox"/> L <input type="checkbox"/> R		Ear
Head		Foot	<input type="checkbox"/> L <input type="checkbox"/> R		Hand	<input type="checkbox"/> L <input type="checkbox"/> R		Nose
Neck		Toe (1-5)	<input type="text"/>		Finger (1-5)	<input type="text"/>		Internal Organ(s)
Witnesses: NAME			Address			Phone Number		
Report Date	MM	DD	YYYY	Work Phone	Home Phone	Email		
Month /Day/ Year								
Injured Party								
Print Name				Sign				Date
Report Number			Reporting Officer			Date		

Fill out form then print out and sign/date bottom and bring it to the Public Safety Building.
Printed from web site.

CSD: 01/2016 INJURY REPORT FORM
 CC: RISK MANAGER