

TEXAS A&M UNIVERSITY
EHSD Student/Visitor Incident Report
For Visitors and Students (*in non-work related injuries*)

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge.

If you are a student or a visitor (involved in a non-work related injury), complete this form and FAX it to the Environmental Health and Safety Department at **845-1348** or click the submit button below to e-mail this form to TAMU EHSD.

1. Status: <div style="text-align: center;"> <input type="checkbox"/> Student <input type="checkbox"/> Visitor </div>	2. Date of injury/illness: (M/D/YY) 	3. Time of injury/illness: <div style="text-align: right;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </div>
4. Name: (Last, First, MI) 		
5. Address: 	a. Home Telephone#: 	b. Work Telephone#:
6. Will medical attention be required for this injury/illness? Yes No		
7. Address or location where injury or exposure occurred. Bldg # _____ or Street: _____ City: _____ State: _____ Zip: _____ County: _____		
8. Specific location where injury or exposure occurred (e.g., stairs, dock, lab): 		
9. Nature of injury/illness (e.g., cut, sprain, illness): 		
10. Body part involved (e.g., left arm, right eye): 		
11. Cause of injury/illness (e.g., slip or fall, chemical, etc.): 		
12. How and why did this injury/illness occur? 		
13. Doctor's Name, Address, & Telephone number 		
14. List of witnesses and statements: (Use additional sheet(s) if necessary) 		
15. Contact information (if filled out by other than the injured party) Name: _____ Telephone#: _____ E-mail: _____		Date sent to EHSD: