Texas Tech University Health Sciences Center
Non-Employee Incident / Injury Report Form
(Non-Clinical Areas)

Instructions: Complete all sections in detail. Attach another page if needed.

PERSONAL INFORMATION

Title: Name (Last, First, MI): R#: 
Date of Birth: / / Status: ☐ Student ☐ Visitor ☐ Volunteer
Sex: ☐ M ☐ F School or Company
Home Address:
City: State/ Zip:
Home Phone: Work Phone: Other Phone:
E-mail Address:

INCIDENT / INJURY DETAILS

Date of Injury: Time of Injury: Today’s Date:
Description of Injury:
How did Incident Occur (If needed, draw a diagram to explain, i.e., weather condition, condition of surface / area, any comment(s) by injured party)

Campus: ☐ Abilene ☐ Amarillo ☐ Dallas ☐ Lubbock ☐ Midland/Odessa
Name / address where injury / exposure occurred.
Was medical treatment required ☐ Yes ☐ No Date/time:

NAME OF WITNESS / NAME OF PREPARER

Name of witness: Day phone:
Name of witness: Day phone:
Name of person preparing report: Phone/email:
Signature of person preparing report: Date:

Complete and submit to TTUHSC Safety Services within 72 hrs.