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

Complete and submit to **TTUHSC Safety Services** within 72 hrs. of the incident.