



NON-EMPLOYEE INJURY/ILLNESS REPORT

This form is to be completed when a non-employee incurs an injury/illness at an A.S. event or within an A.S. facility. Please forward completed form to Contracts & Risk Management Coordinator.

Section 1 – Non-Employee Information

Department _____

Name _____ Male Female

Full Address _____ Phone _____

E-mail address _____ Date of Birth _____

Student Faculty/Staff Minor Other _____

Date of Injury _____ Time _____ AM PM

Activity/Program _____

Location where event/exposure occurred _____

Section 2 – Description of Injury/Illness *(Describe specific injury and part of body affected; include visual description of injury/illness. Only include a diagnosis if a medical professional has provided.)*

Section 3 – How did the injury occur? *(Describe events, actions, conditions that resulted in injury Describe sequence of events. Specify object or exposure which directly produced the injury/illness. Provide only factual accounts and/or observations.)*

NON-EMPLOYEE INJURY REPORT (Cont.)

Section 4 – Action Taken

Emergency Services Called Yes No Time Called _____ Time Arrived _____
Transported Hospital/Medical Facility Yes No Where _____
First Aid/Medical Treatment Yes No Type _____
Administered by (name & title) _____
Medical Treatment Refused Yes No Offered by (name & title) _____
Care of Injured Transferred to: Name _____ Relationship _____

Section 5 – Witnesses *(if applicable – Please list witness contact information below. Should witnesses be able to provide a written statement, please attach on a separate page. No form or special format required.)*

Employee Witnesses

Name _____
Title _____
Name _____
Title _____

Non-Employee Witnesses *(if applicable)*

Name (First & Last) _____
Phone Number _____
Name (First & Last) _____
Phone Number _____

Section 6 – Special Remarks *(If applicable, provide additional information regarding the injury/illness that you believe is important.)*

Section 7 – Follow Up *(This section is to be completed by the Supervisor and/or Director/Assistant Director.)*

Prepared by _____ Title _____ Date _____

Once completed, submit the form to your supervisor for review and processing.

Supervisory review by _____ Title _____ Date _____

Director/Assistant Director review _____ Date _____

Please send completed form to Contracts & Risk Management Coordinator.