



## 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 Human Resources Assistant Director.

### Section 1 – Non-Employee Information

Department \_\_\_\_\_

Name \_\_\_\_\_  Male  Female  Nonbinary

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

First Aid Treatment Given    Yes    No    Type \_\_\_\_\_

Administered & offered by (staff name/title) \_\_\_\_\_

Emergency Services Called    Yes    No    Time Called \_\_\_\_\_    Time Arrived \_\_\_\_\_

Medical Treatment Refused    Yes    No    offered by (name/title) \_\_\_\_\_

Transported Hospital/Medical Facility    Yes    No    Where \_\_\_\_\_

Care of Injured Transferred to: \_\_\_\_\_    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/Associate/Assistant Director.)*

Prepared by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

Supervisory review by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Director/Associate/Assistant Director review \_\_\_\_\_ Date \_\_\_\_\_

*Please send completed form to the Human Resources Assistant Director.*