

UAM OPERATING PROCEDURE 530.1

Re: Student Accident Report

September 13, 1993

Revised: July 1, 1996

Revised: July 1, 2011

Any faculty or staff responsible for a University-sponsored classroom, laboratory, or student activity (excluding intercollegiate athletics) in which a student is injured should complete a "Notice of Injury Form."

The completed form is to be forwarded to the individuals indicated on the form. If the student is an employee of the University and the accident is work related, then the supervisor should follow "UAM Operating Procedure 330.1, Workers Compensation."

## NOTICE of INJURY REPORT

Name of Injured Student: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ am/pm

Location Where Injury Occurred: \_\_\_\_\_

Type and Description of Injury: \_\_\_\_\_

How was Injury Sustained? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List name, address, and phone number of all witnesses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did student receive medical attention? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date of Report \_\_\_\_\_

Position/Title: \_\_\_\_\_

Send copies to:

	Vice Chancellor for Student Engagement or VC CTM or VC CTC
	Business Manager
	Student Health Services
	Supervisor of Facility Where Injury Occurred
	Supervisor of Person Completing this Report