



INCIDENT / INJURY REPORT

for NON - TAMUCC EMPLOYEES

Environmental, Health & Safety Dept.
 Phone Number: (361) 825-5555
 Fax Number: (361) 825-5556
 Texas A&M University – C.C.
 6300 Ocean Drive, Unit 5876
 Natural Resources Center, Ste.1100
 Corpus Christi, Texas 78412-5876

University Police Department
 Phone Number: (361) 825-4444

Please PRINT or TYPE

| | | | | | |
|--|---|--|---|---|--|
| TIME & PLACE | Date/Time of Incident | Location: Street, City, Building, Room No. (Be specific) | | | |
| PREMISES CONDITION | Type of Premises <input type="checkbox"/> Construction Site <input type="checkbox"/> Parking Lot <input type="checkbox"/> Hallway <input type="checkbox"/> Sidewalk <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Stairway <input type="checkbox"/> Office <input type="checkbox"/> Street <input type="checkbox"/> Other: _____ | | Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Uneven Surface <input type="checkbox"/> Icy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Snowy <input type="checkbox"/> Wet | | UPD Report (if available) UPD Report # _____ |
| INCIDENT DESCRIPTION | Describe What Happened (Use additional sheet if necessary): | | | | |
| INJURED PERSON | Name | | Phone Number | | |
| | Address | | | | |
| DESCRIPTION OF INJURY & MEDICAL TREATMENT | Injury - Describe the type, severity, body part involved, and treatment * (see below) | | | | |
| | Was Medical Treatment Given? Yes <input type="checkbox"/> No <input type="checkbox"/> Will seek treatment later <input type="checkbox"/> | | | | |
| | Name of Medical Facility/Doctor | | <input type="checkbox"/> Transported by Ambulance: _____ <input type="checkbox"/> Transported by Other: _____ | | |
| DESCRIPTION OF PROPERTY DAMAGE | <u>Owner's Name</u> | | <u>Phone Number</u> | <u>Other Contact Information (e-mail, cell #, etc.)</u> | |
| | Property Damaged: <input type="checkbox"/> Vehicle <input type="checkbox"/> Building <input type="checkbox"/> Furniture <input type="checkbox"/> Equipment <input type="checkbox"/> Tools <input type="checkbox"/> Other _____ | | | | |
| | Description: | | | | |
| WITNESSES | Name | Address | Phone # | | |
| Give the full name and address of each witness. | | | | | |
| | | | | | |

Name of the Employee Completing this Report _____ Phone Number _____

Signature _____ Department _____ Date _____

* This form can be located at the following website: <http://safety.tamucc.edu/forms>