ENVIRONMENTAL HEALTH AND SAFETY

ACCIDENT/INCIDENT REPORT FORM FOR NON-EMPLOYEES

(INCLUDING STUDENTS AND VISITORS)

Completed form may be faxed to EH&S at: 270-745-5037 **PLEASE PRINT**

PERSONAL INFORMATION	
Name (Last, First, M.I.):	Home Phone: Email Address:
Local (Home)Address:	WKU Student? ○ Yes ○ No
	Visitor? ○ Yes ○ No

ACCIDENT INFORMATION		
Date of Accident:	Time:	This accident/incident occurred: ○ On Campus ○ Off Campus
Specific location of accident:	Activity in which the person was engaged at the time of the accident:	
Equipment, materials, apparatus, etc., that the person was using at the time of the accident:	Property Damage:	
Witness(es):	Witness phone number(s):	

Nature of Injury:

	Abrasion/Scratch
	Allergic Reaction
	Amputation
	Asphyxiation/Strangulation/Drowning
	Asthma
	Bite/Sting by animal/insect
	Burn
	Cardiovascular Disorder
	Chipped/Broken Teeth
	Contusion/Bruise
	Crushing Injuries/Compression
	Dermatitis
	Dislocation
	Dizziness/Disorientation
	Electrical Shock
	Exposure
	Foreign Body/Foreign Substance
	Fracture

	Frostbite/Hypothermia
	Gunshot
	Headache
	Hearing Loss
	Heat Stroke/Exhaustion
	Infections and Parasitic Disease(s)
	Irritation
	Laceration/Cut
	Loss of Consciousness
	Multiple Injuries
	Nausea
	Pain
	Poisoning
	Puncture
	Respiratory Disorder
	Sprain/Strain
	OTHER:

Body Part Injured:

	Abdomen
	Ankle
	Arm(s)
	Back/Spine
	Chest
	Clavicle
	Ear(s)-Auditory System
	Elbow(s)
	Eye(s)
	Finger(s)
	Foot/Feet
	Hand(s)
	Head
	Heart (cardiovascular system)
	Hip(s)

	Knee(s)
	Leg(s) – Calf/Thigh
	Mouth – Tongue/Lips
	Multiple Parts
	Neck
	Nose
	Respiratory System
	Rib(s)
	Shoulder(s)
	Skin
	Throat
	Thumb(s)
	Toe(s)
	Tooth Teeth
	Whole Body
	Wrist

Initial Medical Treatment:

	No Medical Treatment
	First Aid Only
	Treatment at WKU Health Services
	Emergency Room
	Other:

SUBMITTED BY:

Filer/Preparer's Name: _____

Title: _____

Phone: _____

Email: _____

DATE FILED: _____

Received by EH&S: _____ DATE: _____