

## Report of Injury

It is the responsibility of each supervisor to ensure that this report is filed with Emergency Management and Safety within 24 business hours of becoming aware of an incident or hazard related to SIUE facilities or operations.

**Please complete only those sections that are applicable to the incident.**

I.  PERSON INVOLVED IN INCIDENT	Name(Last,First,Mi)SexDFDME-Mail
	DateofBirthSocialSecurity#:
	Address(Local)Phone(W)
	(H)
	StatusAtTimeOfIncidentIfAnEmployee,GiveJobTitleAndIfAVisitor,StatePurposeOf DEmployeeDVisitorDepartmentCampusVisit DStudentDOther(Specify):
	IFOTHERSWEREINVOLVED,ATTACHADDITIONALCOPIESOFTHISFORMFOREACHPERSON.
	WerethePoliceNotified?DYesDNo DidIncidentAriseOutOfAndInTheCourseOfUniversityEmployment?DYesDNo
II.  INCIDENT/ ORHAZARD DESCRIPTION	PlaceWhereAccident/IncidentDate&TimeNameOfAreaSupervisorWhereIncident OccurredOrHazardIsLocatedOfIncidentOccurredOrHazardIsLocated.
	DescribeActivityBeingPerformedByPersonInvolvedInIncident(I.E.DrivingTruck,LiftingCrate,Etc.)
	FullyDescribeIncident/Hazard(AttachAdditionalSheetsIfNecessary.)
	ListAnyWitnessPresentAddress NamePhone(W)
	AdditionalWitness(es)PresentAddress NamePhone(W)
III.  INJURY	DidThisIncidentResultInInjuryToThePersonInvolved?EIYesDNo
	IFINJURYORILLNESSRESULTSFROMANINCIDENTARISINGOUTOFANDINTHECOURSEOF UNIVERSITYEMPLOYMENT,THEINJUREDPERSONORTHEIRSUPERVISOR(Ifinjuredpersonisunable) MUSTCALLCareSys,Inc.AT1-800-773-3221ANDREPORTTHEINJURYORILLNESS
	DescribeNatureAndScopeOfPersonalInjury,IfAny
	WasMedicalCareSought?DNoDYes:Place&DateofTreatment
PROPERTY DAMAGE	DescribePropertyDamage,IfAny
V.  SIGNATURE	PrintedNameOfPersonCompletingFormJobTitle/Occupation
	PhoneNumber(W)
	SignatureOfPersonCompletingFormDate(H)