

ROGER WILLIAMS UNIVERSITY STUDENT/VISITOR INJURY REPORT

The purpose of this report is to provide information that can be used in preventing similar accidents in the future; hence every accidental injury should be reported.

PLEASE RETURN COMPLETED FORM TO: THE EHS OFFICE, FACILITIES BLDG
OR TO HEALTH SERVICES

This report will be reviewed by the RWU Environmental Health and Safety Office.

ACCIDENTAL INJURY REPORT

A. NAME _____ SEX _____ DOB _____
(LAST) (FIRST)

B. LOCAL ADDRESS _____ PHONE# _____

C. PERMANENT ADDRESS _____

D. DATE OF INJURY _____ TIME _____ A.M.
P.M.

E. INSTRUCTOR OR INDIVIDUAL SUPERVISING ACTIVITY _____

F. EXACT LOCATION (So others could locate-shop, room, walk, stairs) _____

G. WITNESS _____ ADDRESS _____

H. STATUS (CHECK ONE) STUDENT _____ VISITOR _____

I. DEPARTMENT (CHEMISTRY, ARCHITECTURE, BUSINESS, ETC.) _____

I. ON CAMPUS

II. OFF CAMPUS SUPERVISED

III. ACTIVITY

IV. ATHLETICS

1. Academic Bldg's
2. Laboratory
3. Shop
4. Public Assembly
5. Resident Hall
6. Service Bldg's.
7. Pedestrian/Grounds
8. Vehicle
9. Athletic Facility
10. Other

1. Recreation
2. In Transit
3. Field Trip
4. Public Bldg's
5. Other

1. Instruction
2. Research
3. Maint. Or Constr.
4. Pedestrian
5. Vehicle use
6. Varsity Sport
7. Intra-Mural
8. Pick up Games
9. Recreation
10. Other

1. Baseball
2. Basketball
3. Football
4. Track-Cross Cntry
5. Wrestling
6. Water Sports
7. Tennis
8. Volleyball
10. Crew/sailing
11. Other

J. HOW DID ACCIDENT OCCUR? (Describe accurately exactly how accident occurred and specify injury (i.e. left foot, right foot, arm) _____

Signature of Person Completing Report

Date

K. DISPOSITION:

HAS THE INDIVIDUAL BEEN REFERRED FOR MEDICAL CARE:

a. Newport ER/BCMC _____ b. Health Services RWU _____ c. Other _____ d. Refused Treatment _____

L. IF STUDENT IS SEEN AT HEALTH SERVICES

a. Treated/Released ___ b. Treated/sent to hospital ___ c. Not Treated-not required ___ d. Refused Treatment ___

Signature

Date