

Texas Tech University Health Sciences Center Non-Employee Incident / Injury Report Form (Non-Clinical Areas)

Instructions: Complete all sections in detail. Attach another page if needed.

PERSONAL INFORMATION

Title:	Name (<i>Last, First, MI</i>):	R#:
Date of Birth: / /	Status: Student Visitor Volunteer	
Sex: M F	School or Company:	
Home Address:		
City:		State/ Zip:
Home Phone:	Work Phone:	Other Phone:
E-mail Address:		

INCIDENT / INJURY DETAILS

Date of Injury:	Time of Injury:	Today's Date:
Description of Injury:		
How did Incident Occur (If needed, draw a diagram to explain, i.e., weather condition, condition of surface / area, any comment(s) by injured party)		
Campus:	Abilene Amarillo Dallas Lubbock Midland/Odessa	
Name / address where injury / exposure occurred.		

Was medical treatment required? Yes No (b) (5) - (c) (3) - (e) (4)