



Student Injury/Illness Assessment Form

Environmental Health and Safety

Details		
Date:	Time: AM or PM	
Location:	Date Reported:	
Personal Information		
Name:	Address:	Phone Number:
Type (Please check all boxes that apply)		
<input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Needle stick <input type="checkbox"/> Bloodborne Pathogen Exposure	<input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Burn/Scald <input type="checkbox"/> Scratch/Abrasion <input type="checkbox"/> Other (specify):
Incident		
How did the injury/illness happen?		
What caused the injury/illness?		
Was the injury/illness witnessed by anyone? If so, please provide their name and contact information.		
Are the hazardous conditions still present? <input type="checkbox"/> Yes (describe): <input type="checkbox"/> No		
If the injury/illness is work related, provide supervisor's and/or dean's name and contact information.		

Name:	Signature:	Date:
To be completed by Safety		
Follow-up and corrective actions:		
Safety Officer:	Signature:	Date: