

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 | 1. Recreation | 1. Instruction | 1. Baseball |
| 2. Laboratory | 2. In Transit | 2. Research | 2. Basketball |
| 3. Shop | 3. Field Trip | 3. Maint. Or Constr. | 3. Football |
| 4. Public Assembly | 4. Public Bldg's | 4. Pedestrian | 4. Track-Cross Cntry |
| 5. Resident Hall | 5. Other | 5. Vehicle use | 5. Wrestling |
| 6. Service Bldg's. | | 6. Varsity Sport | 6. Water Sports |
| 7. Pedestrian/Grounds | | 7. Intra-Mural | 7. Tennis |
| 8. Vehicle | | 8. Pick up Games | 8. Volleyball |
| 9. Athletic Facility | | 9. Recreation | 10. Crew/sailing |
| 10. Other | | 10. Other | 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