

ROGER WILLIAMS UNIVERSITY STUDENT/VISITOR INJURY REPORT

The purpose of this report is to provide information that can be used in preventing

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

III. SUPERVISED

IV. ADDRESS

SUPERVISED

- | | | | |
|----------------------|------------------|---------------------|-------------------------|
| 1. Academic Bldg's | 1. Recreation | 1. Transportation | 1. Basketball |
| 2. Laboratories | 2. In Transit | 2. Pedestrian | 2. Football |
| 3. Shop | 3. Field Trip | 3. Maint. Or Constr | 3. Football |
| 4. Public Assembly | 4. Public Bldg's | 4. Pedestrian | 4. Track, Cross Country |
| 5. Resident Hall | 5. Other | 5. Vehicle use | 5. Wrestling |
| 6. Service Bldg's | | 6. Varsity Sport | 6. Water Sports |
| 7. Athletic Facility | | 7. Pick up Games | 7. Volleyball |
| 8. Vehicle | | 8. Recreation | 8. Crew/sailing |
| 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 _____