

**APPALACHIAN STATE UNIVERSITY
ACCIDENT REPORT**

(This accident form is to be used to report any non-work related incident or when an employee does not get medical treatment for a job related injury.)

Department _____

Injured Person:

Name _____ Date of Birth ____/____/____ Sex _____

Banner ID _____ Staff _____ Student _____ Faculty _____ Other _____

Home Address _____ Home Phone _____
Work Phone _____

Accident:

Location _____ Date ____/____/____ Time _____

Class _____ Instructor _____

Cause of Accident:

Describe how accident happened: _____

Nature of Injury: _____

Did individual receive medical treatment? _____ Yes _____ No

If so, by whom: _____

Kind of body fluid spilled: Blood _____ Vomits _____ Other _____

Amount of fluid spilled: _____

Who responded to clean up spill? _____

Signed by Person Submitting Report Date

Date

Keep a copy of this report for Department Files and send the original to the Safety Office. Contact the Safety Office at ext. 4008 with questions regarding the use of this form.