

First Report of Injury- Student Visitor

(This form applies to students and visitors who are not employed by the University of Delaware)

Submit To: **Environmental Health & Safety** **Office of Risk Management**
132 General Services Bldg. **220 Hulliher Hall**

Location of where the accident occurred:

University property? Yes No Date of Injury: Time of Injury

Name of Person Reporting Injury: Phone Number

Name of Injured Male Female Age

Address | Phone Number:

Describe how accident occurred:

Nature of Injury (describe exact location on the body of injuries):

Names and phone numbers of witnesses:

Injured Person's Insurance Carrier

Name and address of attending physician:

Name and address of hospital:

Date of this Report:

Routing: Supervisor
 Safety Chair
 EHS
 Risk Management