University of Arkansas – Facilities Management
Report of Accident/Incident/Unsafe Condition

Date:________/_______/_________ Event was: ☐ Accident ☐ Incident ☐ Unsafe Condition

1. REPORTER INFORMATION:

Name: ____ ☐ Faculty member ☐ Staff member ☐ Student ☐ Visitor

PERMANENT RESIDENCE INFORMATION:

Address: street ______________________________ city _____________________ state ________ zip ___________

Phone: (_____) - ______________ Cell Phone: (______) - __________________ E-mail: ___________________________

CAMPUS RESIDENCE/WORK INFORMATION *(if applicable)*:

Building:_________________ Room:__________ Campus Phone: ___________ Campus E-mail: ____________________

2. EVENT DETAILS:

Event Date: ________/ _______/ __________ *(mm/dd/yyyy)* Location: ____

Description: ____

____

3. INJURIES *(if applicable)*

Person 1 Name ____ Phone: (_______) - _____________

Seek medical attention? ☐ Yes *(if YES go to line 5.a)* ☐ No *(check one)*

5.a Care Provider Name: ____ Phone: (_______) - _____________

Person 2 Name: ____ Phone: (_______) - _____________

Seek medical attention? ☐ Yes *(if YES go to line 5.b)* ☐ No *(check one)*

5.b Care Provider Name: ____ Phone: (_______) - _____________

Person 3 Name: ____ Phone: (_______) - _____________

Seek medical attention? ☐Yes *(if YES go to line 5.c)* ☐No

5.c Care Provider Name: ____ Phone: (_______) - _____________

Person 4* Name: ____ Phone: (_______) - _____________

Seek medical attention? ☐Yes *(if YES go to5.d)* ☐No

5.d Care Provider name: ____ Phone: (_______) - _____________

4. PROPERTY DAMAGE *(if applicable)*

Was their property damage? ☐ Yes ☐ No *(if YES describe below)*

Damage Description: ____

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____

7. WITNESSES *(if applicable)*

Witness No. 1 Name: ____ Phone: (_______) - _____________

Witness No. 2 Name: ____ Phone: (_______) - _____________

Witness No. 3 Name: ____ Phone: (_______) - _____________

Witness No. 4 Name: ____ Phone: (_______) - _____________

8. REPORTING *(if applicable)*

Did you report the event? ☐Yes *(go to line 8.a)* ☐No *(go to line 8.b)*

8.a Reported to: Name: ____ Phone: (_______) - _____________

8.b If you did not report this event explain why: ____

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NOTE: *Any event involving workplace injuries must be reported directly to Risk Management using the appropriate University form to be considered for workers compensation claims. This accident form is not intended to take the place of worker's compensation claim forms.*

I certify that all the above is truce and correct to the best of my knowledge:

Signed: ____ Date: ____________________

** If more than four persons were injured, continue by completing information on a seperate peice of paper.*

Send this form and any attachments to: ***University of Arkansas - Facilities Management***

521 S. Razorback Rd. Fayetteville Ar 72701,

Attn: Personnel Services

July 28, 2005