



Accident, Incident, or Unsafe Condition Report

Date: ___/___/___ Event Type: Accident Incident Unsafe Condition

1. REPORTER INFORMATION:

Name: _____ Faculty Member Staff Member Student Visitor

PERMANENT RESIDENCE INFORMATION:

Street Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

CAMPUS RESIDENCE/WORK INFORMATION: (if applicable)

Building: _____ Room: _____ Campus Phone: _____ Campus E-mail: _____

2. EVENT or UNSAFE CONDITION DETAILS:

Date: ___/___/___ Location: _____

Description: _____

3. INJURIES: (if applicable)

Person 1 Name: _____ Phone: (____) _____

Seek medical attention? Yes (if YES go to line 3a) No (check one)

3a. Care Provider: _____ Phone: (____) _____

Person 2 Name: _____ Phone: (____) _____

Seek medical attention? Yes (if YES go to line 3b) No (check one)

3b. Care Provider: _____ Phone: (____) _____

Person 3* Name: _____ Phone: (____) _____

Seek medical attention? Yes (if YES go to line 3c) No (check one)

3c. Care Provider: _____ Phone: (____) _____

4. PROPERTY DAMAGE: (if applicable)

Was there property damage? Yes No (If yes, describe below.)

Damage Description: _____

5. WITNESSES: (if applicable)

Witness 1 Name: _____ Phone: (____) _____

Witness 2 Name: _____ Phone: (____) _____

Witness 3 Name: _____ Phone: (____) _____

Witness 4 Name: _____ Phone: (____) _____

6. REPORTING:

Did you report the event? Yes (go to line 6a) No (go to line 6b)

6a. Reported to Name: _____ Phone: (____) _____

6b. If you did not report this event, please explain why: _____

I certify that all the above is true and correct to the best of my knowledge.

* If more than three persons were injured, continue by completing information on a separate piece of paper.

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.

Send this form and any attachments to University of Arkansas Facilities Management, 1 University of Arkansas, Fayetteville, AR 72701, ATTN: Office of AVCF or e-mail to fama@uark.edu. If you have questions regarding your submission, please call (479) 575-6601.