

NON-EMPLOYEE INCIDENT REPORT / REPORT OF INJURY

Injured Person's Full Name		Date of Birth	
Address		Telephone	
Location of Incident		Date Occurred: Time Occurred:	
Injuries/Illness Sustained: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:		Medical Treatment: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:	
Witness Name		Telephone	
Address		Email	
Witness Name		Telephone	
Address		Email	
Narrative: <i>Continuation of above items(s) and description of the incident, including exact injury sustained and contributing factors.</i>			
Name of Person Completing Form (if other than injured person)			
Signature of Person Completing Form		Date	

If you are an SU employee and the accident is work related do not complete this form; instead, you must complete an "Employee Incident Report Form." That form and instructions are available on the Environmental Safety website:
<https://www.salisbury.edu/administration/administration-and-finance-offices/environmental-safety/accident.aspx>

PLEASE SEND THIS COMPLETED FORM TO JILLIAN TOWNSEND, ENVIRONMENTAL SAFETY Maintenance Building (MB) 120A or email jetownsend@salisbury.edu.

Narrative Continuation

Describe any other action taken

Recommendations for preventing similar incident in the future

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