The University of New Mexico

VISITORS/PARTICIPANTS REPORT OF INJURY
UNIVERSITY OF NEW MEXICO
SAFETY, HEALTH & ENVIRONMENTAL AFFAIRS
1801 Tucker St. NE, Bldg. 233
ALBUQUERQUE, NEW MEXICO 87131
PHONE: 277-2753

INJURED PERSON	1. NAME OF INJURED:_____ (FIRST NAME) (MIDDLE INITIAL) (LAST NAME) SOCIAL SECURITY NO.:_____ TELEPHONE: ( )_____ 2. ADDRESS: NO. AND ST_____ CITY/TOWN_____ 3. MALE___FEMALE___ MARRIED___ SINGLE_____ STATE_____ ZIP_____ AGE_____ STUDENT_____ VISITOR_____
TIME AND PLACE	4. EXACT LOCATION OR PLACE OF ACCIDENT OR EXPOSURE:_____ (INCLUDE CLOSEST BUILDING IF OUTSIDE)_____ 5. INJURY OR ACCIDENT OCCURRED: MONTH: _____ DAY:_____ YEAR:_____ TIME:_____ 6. WHEN DID COORINATOR KNOW OF INJURY? _____ 7. NAME AND PHONE NUMBER OF SUPERVISOR: _____
CAUSE OF INJURY	8. ACTIVITY WHEN INJURED:_____ 9. DESCRIBE HOW ACCIDENT OCCURRED:_____ _____ _____ _____ _____ _____ 10. NAMES AND PHONE NUMBERS OF 2 WITNESSES: _____ _____
NATURE OF INJURY	11. DESCRIBE BODY PART & TYPE OF INJURY - - (BRUISE RIGHT FOREARM, CUT LEFT INDEX FINGER, FRACTURE LOWER LEG, ETC)_____ _____ _____ _____ _____ 12. PLACE OF TREATMENT:_____ _____ _____ _____ _____

DATE OF THIS REPORT	SIGNED BY	OFFICIAL TITLE

FOR SAFETY OFFICE USE ONLY

STATUS	SEX	AGE	INJURY DATE	AGENT	ACC: TYPE	BODY PART	INJURY TYPE
☐	☐	☐☐	☐☐☐☐☐☐	☐☐	☐☐	☐☐	☐☐

ORIGINAL: CAMPUS SAFETY CC: PROPERTY MANAGEMENT & OFFICE FILE