

Non-Employee Incident/Injury Report

THE PURPOSE OF THIS REPORT is to provide information which can be used in preventing similar accidents in the future.	
I. Individual Involved in Incident	
Name: <i>(Last, First, Middle Initial)</i>	
Address: <i>(Street, City, State, Zip Code)</i>	Phone Number 1: <i>(mobile)</i> Phone Number 2: <i>(other)</i>
Email: <i>(optional)</i>	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Affiliation with Florida Polytechnic University: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Employee (off duty) <input type="checkbox"/> Contractor/Vendor <input type="checkbox"/> Other Affiliation	
Student ID: <i>(if applicable)</i>	
II. Incident Details	
Date of Incident:	Time of Incident:
Location of Incident: <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus	
Building and Room: <i>(if on campus)</i> or other location <i>(be specific)</i>	
Program or Event: <i>(if applicable)</i>	
Incident Description: <i>(Describe fully the events and conditions including how the incident occurred, why you were at that location and exactly what you were doing.)</i>	
Injuries Sustained <i>(Describe in detail any and all injuries sustained)</i> <i>Note: Do not provide medical information or conditions other than the actual incident/injury sustained. If something arises due to an injured person's pre-existing medical condition, state it generically.</i> <i>Ex. "The injured person fainted due to a pre-existing medical condition."</i>	
Law Enforcement Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type: <i>(if law enforcement involved)</i> <input type="checkbox"/> FPU Police Department <input type="checkbox"/> Other: <i>(please specify)</i> _____ <input type="checkbox"/> Polk County Sheriff's Office <input type="checkbox"/> Report #: <i>(if applicable)</i> _____ <input type="checkbox"/> FHP	
Was treatment administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Information: <i>(If treatment provided)</i> <input type="checkbox"/> First Aid only – not at hospital or by doctor <input type="checkbox"/> Treatment at the University Health Center, Hospital or Medical Personnel <input type="checkbox"/> Confinement at hospital or in residence <input type="checkbox"/> Other (please specify) _____	
III. Witness Information: (if applicable)	
Witness Name 1: <i>(Last, First, Middle Initial)</i>	
Witness Phone Number:	
Witness Name 2: <i>(Last, First, Middle Initial)</i>	
Witness Phone Number:	
IV. Report Submitted by:	
Name of FPU Employee or Representative: <i>(Last, First, Middle Initial)</i>	
Are you the person in charge of the location or activity involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Department:	
Phone Number:	
Email:	
Please email this completed document to John Trecastelli, Facilities and Safety Services, safetyservices@floridapoly.edu . Thank you.	