THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

INCIDENT REPORT FORM

(Incidents involving employees, students, visitors)

This is a confidential report and should not be made a part of an employee's personnel record. It is completed to allow us to obtain advice from legal counsel and for the protection of the university and it's employees from potential liability.

******* PLEASE PRINT LEGIBLY ********

In Name: In India Name: In In India Name: I	INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:								
ome Address: Cender: M F									
Imployee: Full-time Part-time Permanent Temporary """"Student: SOM SON SOD Other Visitor: ate of Birth: Home phone: Campus Phone: Impus address: Supervisor: Supervisor: Supervisor: IFORMATION ABOUT THE INCIDENT: Ate of Incident: Time: Police notified: Yes No Case #: Deation of Incident: escribe what happened, how it happened, factors leading to the event, substances or objects involved. Be as specific as possible (attach separate sheet if necessary): Are there any witnesses to the incident? Yes No yes, attach separate sheet with names, addresses and phone numbers, or campus depts and phone. Are the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured and any other formation known about the resulting injury(s): Are medical treatment provided? Yes No Refused so, where: Emerg. Rm. The Workplace Walk In Clinic Other:			Last + 00	inπ.		Gender:	M	F	
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	Was medical treatment provided?	Yes No Refus	ed						
"ill the employee miss time from work as a result of this incident? Yes No Unknown	If so, where : Emerg. Rm.	The Workplace Walk I	n Clinic Other:						
	Will the employee miss time from wo	ork as a result of this incident?	Yes No	Unknow	n				
EPORTER INFORMATION	REPORTER INFORMATION								
	Print Name of Reporter:								
	Reporter Signature		Title:						
· · · · · · · · · · · · · · · · · · ·	Date Report Completed:		11.00.						

EMPLOYEE REPORTS: Send to HRM | AB 215. VISITOR/STUDENT to Risk Management 500 Bldg Suite 504.