

SAGINAW VALLEY STATE UNIVERSITY
NON-EMPLOYEE INCIDENT REPORT
 Complete within 24 hours AND send to SVSU – Business Services
 7400 Bay Road, University Center, MI 48710-0001.

PART 1: PERSONAL IDENTIFICATION		Individual Status
Name (Last, First)	University Affiliation	<input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor
Address	Email Address	For incidents involving employees and student employees, complete the form here: Employee Report
Home Phone	Work Phone	

University Contact Name	Title	Work Phone
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PART 2: INCIDENT DESCRIPTION

Date of Incident	Time of Incident	Location of Incident (Street address or Bldg name, Room#)

Resulted in injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Injury/ Illness (nature of injury/ illness & body part, e.g. sprained rt. ankle, severe cut on left thumb):
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Incident details--	Witness Name(s)/ Ph. #(s):
• Activity being performed at time of incident:	
• Step-by-step events leading up to the incident:	
• Equipment/ tools involved:	
• Materials being handled:	
• Unusual/ unexpected conditions:	
• Other relevant details:	

Was this an injury caused by an animal (i.e. bite, scratch)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate animal species:
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Medical evaluation: <input type="checkbox"/> Conducted by-- <input type="checkbox"/> SVSU Health Center-Covenant MedXpress <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Other: <input type="checkbox"/> Deemed unnecessary by injured party	Date of initial medical evaluation: Name & Phone number of treating physician:
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Involved Party Signature*	Date
University Contact Signature*	Date

* Signing of this form does not constitute acceptance or assignment of individual fault