

TENNESSEE TECHNOLOGICAL UNIVERSITY
CAMPUS SAFETY AND ENVIRONMENTAL SERVICES
NOTIFICATION OF ACCIDENT OR OCCUPATIONAL ILLNESS

STUDENT/Not Working

Updated 9/2014

Send to the Safety & Environmental Compliance Office no later than the first regular work day following incident.

Name _____ Banner ID - T _____

Address _____

Age _____ Sex _____ Marital Status _____ Phone # _____

Date of Accident _____ Time of Accident _____ Time Reported _____

To whom was accident/illness first reported? _____

Exact location of accident (Building, Room#) _____

Names of Witnesses _____

Weather conditions at time of accident _____

Description of what happened and the nature of injury or illness (Name Body Parts Affected). Use back or attach additional sheet if necessary. _____

Was injury or illness caused by or related to an existing condition? No ___ Yes ___ If yes, What? _____

Other Remarks _____

Do you need to see a doctor? No ___ Yes ___ If yes, name of doctor and/or hospital where you were treated _____

_____ Date treated _____

Was Police (TTU or City) or Ambulance called at the time of the accident/illness? No ___ Yes ___ If yes, circle agencies

To be completed by Instructor or Area Supervisor:

In your opinion, was there a violation of approved safety practices and/or standards? No ___ Yes ___ If yes, what?

How was the ill/injured person instructed to prevent accident from re-occurring? _____

Date _____ Student Signature _____

Print Name _____ Class _____

Date _____ Supervisor Signature _____ Title _____

Dept _____ Print Name _____