

Morehead State University - Accident Report Form

This report should be completed and submitted within (3) working days of any accident involving personal injury to any person on the premises of Morehead State University. **All accidents involving an employee must immediately be submitted to Human Resources** in addition to the submission of this form to the Office of Environmental Health & Safety. Each item should be answered legibly, accurately, and completely. If a question does not apply to the case, please mark it N/A. **Please Print and Send Original to: EHS Risk Management, 150 University Blvd., Combs Bldg Room 113, Morehead, KY 40351 or Email: ehs@moreheadstate.edu or Fax: 783-2359.**

Name of Injured Person _____ Date of Birth _____

Injured Person is: () MSU Student () An employee of the University () Other _____

Address _____ City _____

State _____ Zip Code _____ Telephone Number _____

Date of Accident _____ Time of Accident _____ A.M. P.M. (Circle)

Location of the Accident: (Include facility name & room number and type of facility (i.e. classroom, Laboratory, Gymnasium, resident hall, etc.) where applicable. If not within a facility, give street or geographic reference in relation to the nearest facility.)

Describe the accident and circumstances which resulted in the accident:

Was this injury sustained during or as part of a class or class related activity: () No () Yes

If "yes", what was the class: _____ Section Number _____

Professor _____ Was the professor present when the accident occurred () No () Yes

If "no", was an authorized representative of this professor present: () No () Yes

If "yes", name of the person and his/her capacity: _____

Was First Aid administered to the injured person: () No () Yes By whom _____

Describe the First Aid treatment administered _____

Was the injured person transported for medical assistance: () No Why Not? _____

() Yes If yes, where taken () University Health Clinic () Hospital () Physician Name _____

By whom and by what means of transportation: _____

Form completed by: _____ **Date Completed** _____

Print Name and Title

Signature _____

Witness (es) to the accident described in this report: (If more than one witness attach additional sheets)

Witness statement acknowledged by the affixing of signature: "I the undersigned did witness the accident identified on this report and attest, to the best of my knowledge, as to the accuracy of the information reported."

Witness Print Name	Signature	Date	
Street and Number	City	State	Zip Code
Telephone Number			