

VIRGINIA TECH - OFFICE OF RISK MANAGEMENT BLACKSBURG, VA. **24061** Mail Code 0310
540-231-7439 riskmanagement@vt.edu

Describe any Equipment/Property Involved in the Incident

Location Of Incident: _____

Diagram Showing Objects and Persons

Describe Emergency Procedures Followed as a Result of this Incident: _____

MEDICAL REPORT OF INCIDENT

Where was Treatment Given ~ At Accident Site ~ Doctor's Office ~ Hospital ~ Rescue Squad

Describe Treatment Given:

Treatment Given by Whom? _____ Date of Treatment _____

Was Injured Retained Overnight in Hospital? ~ Yes ~ No If Yes, Where

Name of Attending Physician _____

Were the Parents or Guardian Notified ? ~ Yes ~ Now?_

By Whom? _____ Title _____ When _____

Response of Individual Notified _____

Prognosis of Injured at the Time of Report _____

Is there anything else we should know about this incident? _____

Person Completing Report _____ Signature _____

Position _____ Phone _____ Fax _____

THIS ACCIDENT/INCIDENT REPORT IS **NOT** REQUIRED FOR INCIDENTS SUCH AS SCRAPES, BRUISES, SPRAINS, ETC. THIS INCIDENT REPORT IS REQUIRED FOR SERIOUS ILLNESSES, SIGNIFICANT BEHAVIORAL PROBLEMS OR ACCIDENTS INVOLVING INJURIES LIKE FRACTURED BONES, CHIPPED OR BROKEN TEETH, EXTENSIVE LACERATIONS INVOLVING SUTURES, FALLS INVOLVING UNCONCIOUSNESS, DISLOCATIONS, INCIDENTS INVOLVING WATER WHICH REQUIRE RESUSCITATION, OR ANY INJURY REQUIRING MEDICAL TREATMENT.

THIS ACCIDENT/INCIDENT REPORT IS ALWAYS REQUIRED WHEN THE PROCEDURES OUTLINED ON THE EMERGENCY RESPONSE CARD AND CARRIED BY ALL COOPERATIVE EXTENSION REPRESENTATIVES ARE INITIATED. ONCE COMPLETED THE FORM SHOULD BE FAXED TO 540-231-5064 AND THE ORIGINAL MAILED THE VIRGINIA TECH OFFICE OF RISK MANAGEMENT.