



Instructions: Please use this form for any injuries or incidents at a University of Georgia event for minors. Then a supervisor or departmental HR representative must be entered into the Insurance & Claims online reporting form (insurance.uga.edu) no later than the first working day following the injury or as soon as a supervisor is notified of any injury.

Date Occurred: _____ Time: _____

Submitted by: _____

Submitter's phone number & email: _____

College/Unit: _____

Incident Summary:

Description of the Incident: _____

Witness(es): _____

Campus Location:

Athens

Skidaway

Other

Griffin

Buckhead

Tifton

4-Center

Incident Location (Be as specific as possible. Use a building name whenever applicable): _____

Room Number If the incident happened inside of a building, please enter the room number or describe the location (lobby, downstairs restroom, etc.): _____

Street Address: _____

City: _____

State & Zip: _____

Responding Police Agency: _____

Police Report Number: _____

Is there camera surveillance in the area of the incident? Yes No Unknown

Injury Report:

Name of Injured (Please list their legal name): _____

Email of Injured Person (If UGA affiliation, please use their UGA email): _____

Phone number of Injured Person: _____

Injured Person's Affiliation:

UGA Employee

UGA Student

UGA Student Employee

UGA Visitor/Guest

UGA Camper



Is the injured person under the age of 18? *Yes* *No* Date of birth:

Is the injured person a: *Male* *Female*

If a minor – Guardian Contact Name:

Was the guardian notified? Yes No If yes, when?

Incident/Accident Cause (check all that apply):

- | | | |
|---|---------------------------------------|--|
| Bite - Animal | Cut/Puncture/Scrape - Medical | Needle Stick |
| Bite - Human | Instrument | Object in Eye |
| Burn - Acid/Chemical/Gas | Cut/Puncture/Scrape - Sharp tool | Property Damage |
| Burn - Thermal | (knife, scissors, etc.) | Slip/Trip/Fall |
| (Fire/Steam/Electrical/Hot object/liquid) | Cut/Puncture/Scrape - Object | Sting/Bite - Insect |
| Caught by - Collapse | Exposure - Biological | Strain |
| Caught by - Machine | Exposure - Chemical | Struck by/against - Another person |
| Caught by - Object | Exposure - Noise | Struck by/against - Falling or flying object |
| Caught by - Other | Exposure - Radiation (UV/Laser/X-Ray) | Struck by/against - Moving part of machine |
| Cut/Puncture/Scrape - Animal | Exposure - Temperature | Struck by/against - Vehicle/cart/bike/scooter/boat |
| Cut/Puncture/Scrape - Broken glass/Metal | Hearing Loss | Struck by/against - Other |
| Cut/Puncture/Scrape - Explosion | Inclement Weather - | Other (please specify): |
| Cut/Puncture/Scrape - From fall | Flood/Hail/Lightning/Wind | |
| Cut/Puncture/Scrape - Human | Ingestion/Inhalation | |
| | Lifting/Moving | |
| | Motor Vehicle Collision | |

Injury Description:

Describe the type of injury (bruise, sprain, laceration, etc.):

Specify what body part(s) was/were injured:

Treatment received (if known at time of this report):

- | | |
|----------------------|----------------------|
| Basic First Aid | Refused Treatment |
| None | Doctor/Urgent Care |
| Emergency Department | Admitted to Hospital |

Signature of staff member completing report Date

Signature of Leadership Team Date

Signature of Program Coordinator Date