

# WESTMINSTER COLLEGE

## INJURY REPORT

**DO NOT USE FOR WORKERS' COMPENSATION OR ILLNESSES.**

ALL INJURIES SHOULD BE REPORTED WITHIN 24 HOURS.

*This form is in a fillable format. Please complete online, print and route to Risk Manager\*. Keep a copy for your records.*

<b>Date of Injury:</b> _____	<b>Time of Injury:</b> _____	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night
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<b>Name of Injured Person (Print):</b> _____		
<b>Temporary Address:</b> _____		
<b>Permanent Address:</b> _____		
<b>Phone Numbers:</b> Home: _____	Cell: _____	Campus/Work: _____
<b>Person Is:</b> <input type="checkbox"/> an Adult <input type="checkbox"/> a Minor	Age: _____	<b>Birthdate:</b> _____ <input type="checkbox"/> Female <input type="checkbox"/> Male

<b>Program Participant?</b> <input type="checkbox"/> Camp <input type="checkbox"/> WC Performance Group <input type="checkbox"/> Field Trip <input type="checkbox"/> Other:
<b>Status of Person at Moment of Injury:</b> <input type="checkbox"/> Student <input type="checkbox"/> Staff/Faculty <input type="checkbox"/> Visitor/Guest <input type="checkbox"/> Non-Student of WC
<b>Accident Location:</b> <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Campus Building /Name: _____ <input type="checkbox"/> Other:
<b>Identification of Playing Field, Building Area, Room or Other:</b> _____

<b>How Injury Happened:</b> _____ _____ _____ _____
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<b>Witnesses:</b>	<u>Name:</u>	<u>Phone Numbers:</u>
_____	_____	_____
_____	_____	_____

<b>Injuries</b> (suspected and known – include details such as right/left, upper/lower, front/back, top/bottom): _____ _____
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<b>Supervisor of Activity:</b> _____	<b>Phone #:</b> Work _____ Home _____
<b>Person Filling Out this Form:</b> _____	<b>Phone #:</b> Work _____ Home _____
<b>Signature:</b> _____	
<b>Date Form Filled Out:</b> _____	

**NOTE: THIS REPORT DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY WESTMINSTER COLLEGE.**

\* Submit to: Risk Manager / Westminster College / Gore Building, Room 220 / 1840 South 1300 East, Salt Lake City, UT 84105  
(801) 832-2657 or (801) 832-2565 / FAX: (801) 832-2566