

**Please call UNE Security IMMEDIATELY, no matter how minor the accident/incident is perceived to be.**

**Security can be reached by dialing ext. 2298 or (207) 602-2298**.

**University of New England**

**Non-Employee Accident/Incident Report**

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| **Name:** Click or tap here to enter text. | **PRN:** Click or tap here to enter text. |
| **Address:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |
| **Activity Supervisor Name:** Click or tap here to enter text. | **Activity Type (class, lab, event name, etc):** Click or tap here to enter text. |
| **Status:** [ ]  **Student** [ ]  **Visitor** [ ]  **Volunteer** [ ]  **Other:** Click or tap here to enter text. |

**Accident/Incident Details**

**Date:** Click or tap here to enter text. **Time:** Click or tap here to enter text.

**Location:** Click or tap here to enter text.

1. **Please describe in full detail how the accident/incident occurred**: Click or tap here to enter text.
2. **Name of witness(es), if any**: Click or tap here to enter text.
3. **Please describe any injuries in detail and include parts of the body affected**: Click or tap here to enter text.
4. **What medical treatment was received**: Click or tap here to enter text.

Provider Name: Click or tap here to enter text. Address: Click or tap here to enter text.

1. **Was injured taken to the hospital?** [ ]  **YES** [ ]  **NO**

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| **For Student Incident/Accident Reporting Only:**1. **Did the incident/accident occur in a clinical or lab setting**? [ ]  **YES** (If YES, answer additional questions below)

 [ ]  **NO** (If NO, skip to Q.7)1. What medical devices or equipment were you using at the time? (e.g. needle, scalpel, bur):

Click or tap here to enter text.1. What PPE were you wearing? Click or tap here to enter text.
2. Any BBP exposure? [ ]  YES [ ]  NO
3. Comments: Click or tap here to enter text.
4. **Was any class time missed after returning from medical treatment?** [ ]  **YES\*** [ ]  **NO**

\***If yes, how much time, and what is the expected date or time of return?** Click or tap here to enter text.  1. **Will you be returning to a doctor or other health care provider?** [ ]  **YES\*** [ ]  **NO**

\***If yes, name and address of provider:** Click or tap here to enter text. |

If yes, how was injured transported? Click or tap here to enter text.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** Click or tap here to enter text.

**The completed Accident/Incident Report should be signed and returned to the UNE Security Office, responding Security Officer or by Email to** **security@une.edu** **and** **risk@une.edu** **as soon as possible following the accident/incident.**

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| **Activity Supervisor**1. When, how and by whom were you notified of the accident? Click or tap here to enter text.
2. What actions have been taken to prevent this type of accident from happening again? Click or tap here to enter text.
3. Do you have any recommendations? Click or tap here to enter text.

**Activity Supervisor Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text. |
| **Risk Management Office****Report received on**: Click or tap here to enter text.**Comments/Recommendations**: Click or tap here to enter text. **Risk Management Signature:** Click or tap here to enter text.**Date:** Click or tap here to enter text. |
| **Environmental Health and Safety Office****Comments/Recommendations:**  **Environmental Health and Safety Signature:** Click or tap here to enter text. **Date:** Click or tap here to enter text. |