

UNIVERSITY OF HOUSTON - CLEAR LAKE
DEPARTMENT OF ENVIRONMENTAL, HEALTH & SAFETY

STUDENT/VISITOR INCIDENT REPORT

To be completed and sent to the Department of Environmental Health & Safety (EHS@uhcl.edu)
 within 24 hours of injury/illness.

Please Print Legibly or Type

PERSONAL INFORMATION				
Name		Student	Visitor	Student ID or DL No.
		<input type="checkbox"/>	<input type="checkbox"/>	
DOB (MM-DD-YYYY)	Sex (M/F)	Speak English? (Y/N)		If No, Please Specify Language
Address			Phone Number(s)	
Street Name:			Cell:	
City:	State:	Zip:	Home:	
INJURY/ILLNESS				
Date Injury/Illness Reported (MM-DD-YYYY)	Date of Injury/Illness (MM-DD-YYYY)		Time of Injury/Illness	
			: AM/PM	
What type of injury or illness? (e.g. cut, sprain, rash, bruise)		What caused the injury or illness (e.g. fall, broken glass, no PPE)		
How and why did this injury/illness occur? (Please provide detailed information of incident)				
Location where injury/illness occurred- BE SPECIFIC (Ex: Bayou bldg, 2nd floor, right side of hallway in between B2502 & 25RR)				
Body part(s) involved (e.g., left arm, right eye) :				
TREATMENT ■ N/A				
First Aid (clean wound, bandage, etc) <input type="checkbox"/>	UHCL Health Center <input type="checkbox"/>	Doctor's Office <input type="checkbox"/>	CPR/AED <input type="checkbox"/>	Ambulance/E.R. <input type="checkbox"/>
Name, Address, Ph. Number where treatment was received (doctor's office/clinic/hospital) :				
WITNESSES - If witness is listed, please attach Witness Statement Form ■ N/A				
Name:			Phone:	
Address:				
Name:			Phone:	
Address:				
Name of person completing this form		Phone Number		Email

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Instructions for Student/Visitor Incident Report

Purpose: To provide faculty and staff with the proper procedures to be followed when an injury or illness occurs to students and visitors on campus.

Procedures for **minor** incidents:

1. Locate and provide first-aid supplies for treatment and assist as needed
 - Send UHCL students to the **Health Service Center** if necessary
(Only UHCL Students can be provided care during normal business hours.)
2. Complete the **Student/Visitor Incident Report**
3. If you witness the incident, complete the **Witness Statement Form**
4. Send all completed documents to ehs@uhcl.edu within **24hrs** of incident

Procedures for **major** incidents:

1. Call 911 and ext.: 2222 (UHCL Police Dept.)
2. Locate and perform first-aid treatment until emergency personnel arrive
3. Complete the **Student/Visitor Incident Report**
4. If you witness the incident, complete the **Witness Statement Form**
5. Send all completed documents to ehs@uhcl.edu within **24hrs** of incident

Below are a few definitions for clarification purposes:

- **Visitor** – A person who has not received an identification number (student ID or employee ID) or compensation from UHCL.
Examples of visitors include: non-paid UHCL students, non-paid volunteers, camp participants, parents, contractors, joggers, etc.
- **Witness** – A person who sees, hears or knows anything about the incident.
- **Medical Emergency** – A problem that could cause death or permanent injury if not treated quickly.
Examples of a medical emergency include: non-responsive person, unconscious person, uncontrollable bleeding, respiratory emergency, etc.

*****Students are advised to carry their own insurance should an incident occur on campus*****

Department of EHS
Main Line: 281-283-2106 – Email: ehs@uhcl.edu