

HSC INCIDENT REPORT FORM for Students and Visitors



HEALTH SCIENCE CENTER
TEXAS A & M UNIVERSITY

Privacy Notice: The information on this form together with any attachments is the property of Texas A&M Health Science Center (HSC). State Law requires that you be informed that you are entitled to: (1) request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge to you.

Instructions: HSC representative to complete the following information within 48 hours of any incident involving injury to or property damage to a student or a visitor. Upon the completion of this form, please submit to: hsc-incidentreporting@tamhsc.edu.

STATUS	Student		Visitor	
TIME & PLACE	Date/Time of incident		Location: Street, City, Building, Room No. (Be specific)	
PREMISES CONDITION	Type of Premises		Conditions	
	Construction Site	Hallway	Dry	Wet
	Parking Lot	Sidewalk	Snowy	Icy
	Lobby/Entrance	Stairway	Uneven Surface	
	Office	Street	Other _____	
	Other: _____			
				Police Department
				Case/Report No.
				Not Reported
INCIDENT DESCRIPTION	Describe What Happened (Use additional sheet if necessary):			
INJURED PERSON	Name		Age	Phone No.
	Address		Social Security Number:	
DESCRIPTION OF INJURY & MEDICAL TREATMENT	Injury - Describe the type, severity, and body part involved			
	Was Medical Treatment Given?	Yes	No	Will seek treatment later
				Yes No
	Name of Medical Facility/Doctor		Transported by Ambulance	

			Transported by Other:	

PROPERTY DAMAGE	Owner's Name		Address	Phone #
	Describe the property and the damage:			
WITNESSES Give the Full Name and Address of Each Witness Including Permanent Address	Name	Address		Phone #

Name of Person completing this Report _____ **Title** _____ **Phone #** _____

HSC Component: _____ **Department:** _____ **Date:** _____

INSTRUCTIONS FOR COMPLETION OF INCIDENT/INJURY/PROPERTY DAMAGE REPORT

ASSIST THE INDIVIDUAL AND CALL 911 IF EMERGENCY MEDICAL ASSISTANCE IS NEEDED.

REPORT ALL SERIOUS INJURIES AND SAFETY HAZARDS TO CAMPUS OR LOCAL POLICE DEPARTMENT (if applicable) AND HSC RISK MANAGEMENT AT (979) 436-9250 OR EMAIL AT HSC-RISK-INSURANCE@TAMHSC.EDU.

TAMHSC EMPLOYEE INVOLVED IN, OBSERVING OR DISCOVERING THE INJURY/PROPERTY DAMAGE IS RESPONSIBLE FOR COMPLETING THIS REPORT.

RELATE ONLY TO THE FACTS ON THIS FORM - DO NOT GIVE THIS FORM TO THE INJURED PERSON TO COMPLETE. DO NOT CONTACT THE INJURED PERSON LATER TO OBTAIN INFORMATION

BE OBSERVANT - ATTEMPT TO GET AS MUCH INFORMATION AS POSSIBLE AT THE TIME OF THE INCIDENT.

DO NOT DISCUSS THE ACCIDENT WITH ANYONE - EXCEPT THE POLICE AUTHORITY AND HSC RISK MANAGEMENT.

HSC RISK MANAGEMENT WILL COORDINATE THE INVESTIGATION AND RESOLUTION OF CLAIMS. REFER ALL QUESTIONS REGARDING STATUS OF CLAIMS TO HSC RISK MANAGEMENT.

AFTER COMPLETION – EMAIL FORM TO: HSC-Incidentreporting@tamhsc.edu

CONTACT INFORMATION:

***HSC Risk Management
TEXAS A&M HEALTH SCIENCE CENTER
Finance and Administration
A&M System Building, Suite 2079
200 Technology Way
College Station, Texas 77845-3424***

Email: hsc-risk-insurance@tamhsc.edu