

INSTRUCTOR'S REPORT OF A STUDENT RELATED INJURY

Name of Injured student:	Student ID#:
Date & Time of Accident:	
Student began class/activity:	
Course Title:	
Name of Instructor:	
Instructor's Phone #:	_Course Days:
Course Hours: Building where Ac	ccident Occurred:
Street Address:	
Check All Ap	pplicable:
First Aid administered on campus by	
Location:	_
SAIC Health Services visit	
Sent for medical treatment via	to
EMS called. Responding service:	
What specific activity was the student engage Describe the activity, as well as the tools, equal of the accident.	

How did the accident occur? List any possible causes or contributing factors. Consider items such as tidiness of area, footwear, and floor conditions.
What was the injury or illness? Be specific when listing the body part(s) affected and explain how it was affected. (i.e. half inch laceration on right hand ring finger)
What object or substance, if any, directly harmed the student?
Was the Student given training on the equipment being used or activity engaged in? Yes No N/A
Was the Student using any personal protective equipment (PPE) for the activity? Yes No N/A
Please describe training for equipment and/or activity, and PPE being used: Please state your ideas on how future accidents of this type could be prevented. Describe changes or improvements in equipment, procedures, building, training, or PPE.
NA - Charles Affaire makifical 2
Was Student Affairs notified? Yes No
If yes, name of staff member:

Was Health Services notified?
Yes No
Name and Address of physician/health care professional
Was Student treated in an emergency room?
Yes No
Was the student hospitalized overnight as an in patient
Yes No
Witnesses to Injury? (attach statements)
Yes No
Names:
Signature of Instructor Date of Report

Please complete this form within 24 hours of injury and distribute as follows:

Student Affairs, Attn: Katherine Porter (kporter3@saic.edu)

SAIC Security, Attn: John Pack (jpack@saic.edu)

SAIC Safety, Attn: Melissa Meyers (mmeyers6@saic.edu)

**Retain a copy for Departmental files / Department Head