



NON-EMPLOYEE BODILY INJURY REPORT

PART I: INJURED INDIVIDUALS INFORMATION

1. Name of Person Injured:	2. Phone Number:	3. Mailing Address:
----------------------------	------------------	---------------------

PART II: REPORTING INDIVIDUALS INFORMATION

1. Name:	2. Job Title:	3. Department:
4. Phone Number:	5. Work Email:	6. Date & Time of Injury Notification:
7. How Was Injury Notification Received:	8. Who Received Injury Notification:	

PART III: INJURY DETAILS

7. Location of Injury:	8. Date of Injury:	9. Time of Injury: AM <input type="checkbox"/> PM <input type="checkbox"/>
10. Type of Injury Sustained:	11. Type of Medical Treatment Offered or Provided: <input type="checkbox"/> First Aid <input type="checkbox"/> Emergency Services <input type="checkbox"/> Declined Treatment	
12. Were Environmental Conditions a Factor? (rainy weather, poor/low visibility, etc.) <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	13. Was Any of Injured Individuals Personal Property Damaged? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No	

PART IV: WITNESSES

Name	Mailing Address	Phone Number:

PART V: INJURY DESCRIPTION & DETAILS

1. Description of What Occurred (Identify How and Why the Injury Occurred):
2. Any Property, Equipment, or Property Contributed to The Injury: <input type="checkbox"/> Yes (list below) <input type="checkbox"/> No

PART VI: MANAGEMENT REVIEW / APPROVAL

1. Site Supervisor: Name (Print): _____ Signature: _____ Date: _____	2. Department Director: Name (Print): _____ Signature: _____ Date: _____
--	--

Please submit this completed form to the Risk Management / Safety Coordinator Office. For questions contact the Safety Coordinator at (850) 689-5979.