



Non-Occupational Accident Report

Date of Accident: _____ **Time:** _____ AM/PM

Location: Bldg. _____ **Room:** _____ **Course:** _____ **Sec.** _____

Name and Telephone of Injured: _____

Name(s) and Telephone(s) of witness(es): _____

Relationship: (Please Circle): Faculty Staff Student Visitor

Nature of Accident (burn, cut, chemical burn, inhalation, etc.):

Apparent seriousness of injury (minor, major): _____

Briefly describe what happened:

Action Taken: Treatment, first aid _____ Injured send to Infirmary _____
Emergency Transport _____ Other (explain):

Report Completed by: _____

Department: _____ **Date:** _____

Corrective action taken or planned to prevent similar accidents from reoccurring:

Non-Occupational Accident Report Form

A non-occupational accident report form must be completed in the event an accident occurs in which there is a non-occupational injury or near miss. The accident report form is to be used for students, faculty/staff or visitors that are involved in a non-occupational accident on WCU's campus or other WCU owned property. This report does not replace Worker's Compensation reporting requirements. If you were injured on the job, please contact the Safety and Risk Management office for Employee and Supervisor statement forms for Worker's Compensation.

The non-occupational accident report forms may be found by contacting the University Office of Safety and Risk Management x7443.

A form should be completed at the time of the accident or as soon as feasibly possible. Completed forms should be sent to the Safety and Risk Management Office.