INJURY/INCIDENT REPORT FOR NON-EMPLOYEES

(Students, Temporary Workers, and Visitors)

Date of Incident: _____ Time of Incident: _____

Name of person injured or involved in incident: _____

Contact information (phone and email): _____

_____

Relationship of person injured or involved in incident:

▢ Student (indicate which College) _____

▢ Temporary worker (indicate name of Agency) _____

▢ Visitor _____

▢ Other (describe) _____

Nature of Injury/Incident
Please describe how the injury/incident occurred and indicate what you were doing at the time.

_____
_____
_____

Describe the injury(ies) and the body part(s) affected, if any

_____
_____
_____

Physical location of injury/incident

_____
_____

Witness(es) names(s) and contact information

_____
_____

Treatment

▢ Refused care
▢ Dr. Office
▢ Basic First Aid
▢ Emergency Room
▢ Workers' Comp Physician (Temps)
▢ Hospitalization

Explanation: _____
_____

ACKNOWLEDGEMENT
I have read this report and it is true to the best of my knowledge.

Signature: _____ Date: _____

Please fill in the form completely and submit it to the Office of Human Resources at hr@hmc.edu.
If the injury/incident occurs after hours, please submit the form within two days of injury/incident.