THE UNIVERSITY OF TENNESSEE
INCIDENT REPORT

Date of Report _____

Claim # _____

Office of Risk Management
5723 Middlebrook Pike
Suite 218
Knoxville, TN 37996

Phone: (865)974-5409
Fax: (865) 974-0936
Email: riskmanagement@tennessee.edu
Website: http://riskmanagement.tennessee.edu

Name:	Relationship to UT:	Employee ID#:

Home Address:	Street:	City:	State:	Zip Code:

Email Address:	Telephone Number:

Witness:

Name:	Telephone Number:	Email Address:	Relationship to UT:

Incident Report

Campus or Facility of Incident:	Date of Incident:	Time of Incident:	Time Employee began work on date of injury:

Exact Location of Incident:
Bldg. Name: _____
Room #: _____
Address: _____

Type of Incident:
☐ Injury ☐ Property ☐ Security
☐ Incident/Near Miss ☐ Unsafe Conditions ☐ Other (Explain) _____

Police Department Contacted (Ex: UTPD, Local PD, State PD etc.):

If yes, accident report #: _____

Description of Incident (Use separate page if necessary):

Property Damaged (Description of Damage): * If UT property, complete Property Claim Packet *

Nature of Injury or Illness (Fracture, Cut, Allergic Reactions, etc.):
Body Part Affected: _____

Medical Treatment Required: ☐ No ☐ Yes – First Aid Only ☐ Yes – Doctor/Clinic ☐ Yes – Emergency Room

Place Treated:

Date of First Treatment:

Type of Medical Treatment:
☐ Hospitalization ☐ Fracture ☐ Suture ☐ Referred for further treatment
☐ Prescription Medication ☐ Foreign Body Removal ☐ Rigid Splint or Cast ☐ Other Medical Treatment (List) _____

Time lost from work beyond day of accident:
☐ Yes ☐ No

Released to Return to Work:
☐ No ☐ At Full Duty ☐ Follow-up Visit to be Scheduled
☐ Yes: ☐ With Restrictions

Supervisor's Comments

Could this incident have been prevented? If so, how?

Name:	Email Address:

COMPLETING THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT MEAN A CLAIM HAS BEEN FILED. TO FILE A CLAIM, CONTACT THE UT OFFICE OF RISK MANAGEMENT AT 865-974-5409. THANK YOU.

Person Injured or Person who sustained damages:

Signature: _____

Supervisor or Person completing report:

Signature: _____

RM 09/30