Saint Louis University Non-Employee Injury Form

Risk Management Phone | 314.977.3952 Fax | 314.977.1457 riskmgmt@health.slu.edu

Do not use this form to report employee injuries. Email or fax this form to Risk Management within 48 hours of the incident.

Name:	Date of Birth:	Age:
Status: Student Visitor Volunteer	Sex:	Male Female
Home Address:	School or Company:	
City:	State/Zip:	
Home Phone:	Work Phone:	
Cell Phone:	Email Address:	
Location of Incident:	Campus:	North South
Time and Date of Incident:	Was DPS contacted?	Yes No
If Applicable - SLU Course Instructor:		— —
1. How did the incident occur? (explain in detail)		
2. What activity was being done at the time of the incident?		
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2. Did the insident lead to an injury 2 De anasifie?	Mas weedical treatment acaded	No. No.
3. Did the incident lead to an injury? Be specific?	Was medical treatment needed?	Yes No
Witness's Information		
Name:	Daytime Phone	:
Address:	City/State/Zip	
Witness's account of event:		
Signature:	Position:	Date:
Report Filer's Information	1 031(1011.	Dutc.
Name:	Navtime Phone	:
Address:	City/State/Zip	
Report Filer's account of event:		
	.	
Signature:	Position:	Date: