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 ☐ PM ☐
10. Type of Injury Sustained:	11. Type of Medical Treatment Offered or Provided: ☐ First Aid ☐ Emergency Services ☐ Declined Treatment	
12. Were Environmental Conditions a Factor? (rainy weather, poor/low visibility, etc.) ☐ Yes:_____ ☐ No	13. Was Any of Injured Individuals Personal Property Damaged? ☐ Yes:_____ ☐ 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: ☐ Yes (list below) ☐ No

PART VI: MANAGEMENT REVIEW / APPROVAL

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

Please submit this completed form to the Risk Management Office. For questions contact the Risk Management at (850) 689-5977.