

THE SCHOOL OF THE ART INSTITUTE OF CHICAGO

INSTRUCTOR'S REPORT OF A STUDENT RELATED INJURY

Name of Injured student _____ Student ID# _____

Date/Time of Accident _____ AM PM
Date Time

Time Student began class/activity: _____ AM PM Course Title: _____

Name of Instructor: _____ Instructor's Phone No. _____

Course Days: _____ Course Hours: _____

Building where Accident Occurred: _____

Street Address _____ Room _____ City _____ State _____ Zip _____

(check all applicable)

- First Aid administered on campus by _____ Location: _____
- SAIC Health Services visit
- Sent for medical treatment via _____ to _____
- EMS called. Responding service: _____

What specific activity was the student engaged in when the accident occurred? Describe the activity, as well as the tools, equipment and materials in use at the time of the accident.

How did the accident occur? List any possible causes or contributing factors. Consider items such as tidiness of area, footwear, and floor conditions.

What was the injury or illness? Be specific when listing the body part(s) affected and explain how it was affected. (i.e. half inch laceration on right hand ring finger)

What object or substance, if any, directly harmed the student?

Was the Student given training on the equipment being used or activity engaged in?

Yes No - N/A

Was the Student using any personal protective equipment (PPE) for the activity?

Yes No - N/A

Please describe training for equipment and/or activity, and PPE being used:

Please state your ideas on how future accidents of this type could be prevented. Describe changes or improvements in equipment, procedures, building, training, or PPE.

Was Student Affairs notified?

Yes No

If yes, name of staff member:

Was Health Services notified?

Yes No

Name and Address of physician/health care professional

Was Student treated in an emergency room?

Yes
 No

Was the student hospitalized overnight as an in patient

Yes
 No

Witnesses to Injury? (attach statements)

Yes
 No

Names:

Signature of Instructor

Date of Report

Please complete this form within 24 hours of injury and distribute as follows:

Student Affairs, Attn: **Patrick Spence (pspence@saic.edu)**

SAIC Security, Attn: **Art Jackson (ajackson@saic.edu)**

SAIC Safety, Attn: **Melissa Meyers (mmeyers6@saic.edu)**

Retain a copy for Departmental files / Department Head