

**Visitor Injury/Incident Report Form**

**Visitor Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: |  | Time of Incident: |  |
| Visitor Full Name: |  | Visitor Phone Number: |  |
| Visitor Address: |  | | |
| Reason for Visit to Campus: |  | | |

**Incident Details**

|  |  |
| --- | --- |
| ***Location of Incident on Campus:*** | ***Type of Incident (Check all that apply)*** |
| Woodard Hall | Slip, Trip, or Fall |
| Independent Living Center | Physical Injury |
| Massey Hall | Vehicle or Parking Lot Incident |
| McAdams Hall | Medical Emergency |
| Vestal Hall | Property Damage |
| Eagles Hall | Other (describe): |
| Alford Hall |
| Mayfield Hall |
| Outdoor Area (specify): |
| Other (specify): |
| Detailed Description of Incident (include events leading up to, during, and immediately after the incident): | |

(attach additional pages if necessary)

**Injury Information**

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| --- |
| Was an injury sustained? Yes No |
| Describe the injury (body part, severity, symptoms): |
| Was First Aid provided? Yes No |
| If yes, by whom? |
| Was Emergency Medical Treatment required? Yes No |
| If yes, where was the visitor taken? |

**Witness Information**

|  |  |
| --- | --- |
| Were there any witnesses? Yes No | |
| If yes, list names and contact information | |
| Name: | Phone Number: |
| Name: | Phone Number: |
| Name: | Phone Number |

(attach additional pages if necessary)

**Reporting Party**

|  |
| --- |
| Name of person completing this form: |
| Role/Title:  ENCSD Staff  Visitor  Other (specify): |
| Signature: Date: |

**Privacy and Legal Notice**

This report is confidential and will be used only for internal investigation, insurance reporting, and compliance with applicable laws and regulations. ENCSD complies with all federal, state, and local requirements, including but not limited to:

* Occupational Safety and Health Act (OSHA)
* Americans with Disabilities Act (ADA)
* North Carolina Public Records Law
* Family Educational Rights and Privacy Act (FERPA), when applicable

If you have questions about this form or the incident reporting process, please contact the ENCSD administration office.

**ENCSD USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewed by: |  | Title: |  |
| Signature: |  | Date: |  |
| Follow-Up Actions Taken:  Incident logged in system  Safety hazard reported  Additional investigation initiated  Other (Specify): | | | |