

## Viterbo University Student Accident Reporting Procedures

**Instructions:** Employees shall use this form to report all work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

1. Report all accidents immediately to responsible party – Job supervisor
2. If clinic or emergency visit is required, the responsible party referred to above should accompany, or designate another individual to accompany, the injured person, and any witnesses.
3. The responsible party should notify Human Resources immediately of the accident and complete the accident report. Please connect with Alicia Wolfert in Human Resources at 608.796.3932 or [akwolfert@viterbo.edu](mailto:akwolfert@viterbo.edu). Human Resources will file appropriate insurance forms as required.
4. This form must be completed within 24 hours of accident.

### VITERBO UNIVERSITY STUDENT ACCIDENT REPORT

Full Name: \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date and time of accident: \_\_\_\_\_ Location of accident: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Describe how and what caused the injury to occur and state what you were doing when injured:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses if any \_\_\_\_\_

What assistance did you receive (check all that apply):  Sent Home  Hospital  Clinic  First Aid

Clinic Name \_\_\_\_\_ Doctor’s Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_