

University System of New Hampshire Report of Incident

ssion of information co Check One:	uld result in a delay of benderated by the bende	efits. Student (non-emplo	vee)	itor/Guest	☐ Other
_	uries Complete Sectio	_ ` .			
<u>All</u> 111)0	SECTION A	II A	Employees Must Also Complete Section B SECTION B		
Name Of Injured Perso					
Home Address:			Staff Hourly Department Location		☐Full Time ☐Part Time Department Work Phone:
			·		·
City/State/Zip:			Hours Worked Per	Day:	Days Per Week:
SSN:	Date of Birth:	Sex: ☐ Female ☐ Male	Position Title:		Date of Hire::
Home Phone:	Cell Number		Supervisor's Name		Supervisor's Work Phone:
DATE OF INJURY:	Body Part (s) At	fected:	What Side Of Body? ☐Left	т	ampm
			Right	<u>'</u>	
Explain in detail how the	e injury occurred. Include s	pecific activities/tasks performed	at the time.		
ocation where injury o	ccurred:				
A/le a video 1 (1	·m ·O				
Who witnessed this inju Na		Address:			
Но	me Phone:		:		<u> </u>
Medical Treatment prov	rided by: ☐First Aid, no r	medical care needed No t	reatment	Other	
_	rided by: ☐First Aid, no r	_		Other	
☐Hospital ER (Place)		_	n (Name & Phone#)	Other	
☐Hospital ER (Place) ARTMENT <u>HEAD, SU</u>	IPERVISOR, OR CAMPU	 Private Physicia	n (Name & Phone#)		
☐Hospital ER (Place) ARTMENT <u>HEAD, SU</u>	IPERVISOR, OR CAMPU	☐Private Physicia S OFFCIAL INVESTIGATION	n (Name & Phone#)		
☐Hospital ER (Place) ARTMENT <u>HEAD, SU</u>	IPERVISOR, OR CAMPU	☐Private Physicia S OFFCIAL INVESTIGATION	n (Name & Phone#)		
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