

ACCIDENTAL INJURY AND ILLNESS REPORT (UH Form 29)

Please prepare in duplicate and
FORWARD ORIGINAL TO YOUR RESPECTIVE CAMPUS SAFETY OFFICER

Name (Last, First, Middle Initial)		Address (Number, Street, Town, State)			File No.
Social Security Number	Phone Number	Age	Sex	Classification Student Visitors Other:	
Date and Time of Occurrence		Accident Location: Site of occurrence (Bldg. name, Room no., stairs, hallway, etc.). If outside of building, give location in reference to nearest building, e.g. On mall mauka of Bilger Hall			
Date:	Time:	AM PM			
Instructor (If applicable)		Department		Witness (Name and Phone No.)	
Accident Description Describe fully, stating whether injured or exposed person struck, fell, etc., and all factors contributing to accident or illness. Include activity at time of accident and object or substance which directly injured the person. Use additional sheets if necessary.					

Nature of Injury or Illness Describe in detail the nature of the injury or occupational illness and the par