

General Incident Report

Date: _____

Please complete for any incident, accident, near miss or environmental release.

Note: If injured party is a **UTRGV employee**, please submit the [First Report of Injury or Illness Form](#). Contact Celia Saenz at (956) 665-3690 or download form at www.utrgv.edu/ehsrp/programs/risk-mana/workers-comp/

Reporting Party Information

Last name	First Name	
Email		
Address		
City	State	Zip
Telephone		

Injured Party Information

Is the injured party the same as reporting party? Yes No

If "No", please provide injured party information.

Last name	First Name	
Email		
Address		
City	State	Zip
Telephone		
Status <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____		

Incident Information

Date of injury	Time of injury
Location of injury	
Was this injury part of a school sanctioned activity or event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify event or sanction activity.	
Did injury require a visit to a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did injury require hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Injury / Accident / Near Miss / Environmental Release

(Explain in detail the nature of the accident and the cause of the injury)

[Submit]

To submit this form, you may either:

1. Click on the "Submit" button to send this form automatically as an email attachment.
2. Print, scan, and email this form to EHSRM@UTRGV.EDU or
3. Send via inter-departmental mail to Environmental Health, Safety and Risk Management Offices in

Edinburg - EEHSB 1.110
or
Brownsville - BASFC 1.225A.