

**STANFORD UNIVERSITY**  
**NON-EMPLOYEE INCIDENT REPORT**  
 Complete within 24 hours AND fax to Risk Management at 723-9456.

I N V O L V E D  P A R T Y  T O  C O M P L E T E	<b>PART 1: PERSONAL IDENTIFICATION</b>		<b>Individual Status</b>	
	Name (Last, First) _____		University Affiliation _____	
	Address _____		<input type="checkbox"/> Student <input type="checkbox"/> Other: <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor	
	Home Phone _____		For incidents involving employees and student employees, complete the SU-17 Form at: <a href="http://su17.stanford.edu/">http://su17.stanford.edu/</a>	
	Work Phone _____			
	University Contact Name _____		Title _____	
			Work Phone _____	
	<b>PART 2: INCIDENT DESCRIPTION</b>			
	Date of Incident _____		Time of Incident _____	
	Location of Incident (Street address or Bldg name, Room# ) _____			
Resulted in injury/illness? <input type="checkbox"/> Yes → <input type="checkbox"/> No		Description of Injury/Illness (nature of injury/illness & body part, e.g. sprained rt. ankle, severe cut on left thumb): _____		
Incident details--			Witness Name(s)/ Ph. #(s): _____	
• Activity being performed at time of incident:				
• Step-by-step events leading up to the incident:				
• Equipment/ tools involved:				
• Materials being handled:				
• Unusual/ unexpected conditions:				
• Other relevant details:				
Continued on attached sheet: <input type="checkbox"/>				
Was this an injury caused by an animal (i.e. bite, scratch)?		<input type="checkbox"/> Yes → <input type="checkbox"/> No <b>If yes, indicate animal species:</b> _____		
Medical evaluation: <input type="checkbox"/> Conducted by-- <input type="checkbox"/> SU Vaden Health Center <input type="checkbox"/> Stanford Hospital Emergency Room <input type="checkbox"/> Other: <input type="checkbox"/> Deemed unnecessary by injured party		Date of initial medical evaluation: _____  Name & Phone number of treating physician: _____		
Involved Party Signature* _____		Date _____		
University Contact Signature* _____		Date _____		

\* Signing of this form does not constitute acceptance or assignment of individual fault