

## ACCIDENT/EXPOSURE REPORT FORM

Date of Report: _____	Date of Incident: _____	Time of Incident: _____	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
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<b>FACILITY INFORMATION</b>			
Facility: _____	Phone#: ( ) _____		
Address: _____	City _____	State _____	Zip _____

<b>PERSONAL DATA - Injured Party</b>			
Name: _____	Age: _____	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address: _____	City _____	State _____	Zip _____
Phone Number(s): Home ( ) _____	Work ( ) _____		
Family Contact (Name and Phone#): _____	( ) _____		

<b>INCIDENT DATA</b>	
Location of Incident: _____	
Description of Incident: _____	
_____	
Was an injury sustained? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Describe the type of Injury sustained: _____	
_____	
_____	

<b>ACTION TAKEN</b>	
1. First Aid Treatment. 2. Ambulance Called	
3. _____ Physician Treatment (where _____)	
4. _____ Treatment Refused	
I affirm that I have been offered assistance for the injury noted above and attest that I have refused that assistance. I agree to assume all responsibility for my physical well-being in regard to this injury. I further release and hold harmless the Regents of NMSU, it's agents, employees, and those who have offered assistance from any and all liability or causes of action resulting from my refusal of assistance in the case of this injury. This release is binding upon my heirs and personal representatives.	
Injured signature _____	Date / / _____
<b>TRANSPORTATION OF INJURED</b>	
1. _____ on their own 2. _____ with an adult 3. _____ Ambulance 4. _____ Other (specify) _____	
<b>WITNESSES</b>	
Name: _____	Phone#: ( ) _____
Address: _____	City _____ State _____ Zip _____
<b>REPORT PREPARED BY:</b>	
Name: _____	Phone#: ( ) _____
Address: _____	City _____ State _____ Zip _____

Sent to: NMSU Central Purchasing  
 Box 30001/MSC 3890  
 Las Cruces, New Mexico 88003  
 Attn: Michael Abernethy, Purchasing Director/Risk Management Coordinator