

Motion Picture/Television

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	

INJURY/ILLNESS REPORT FORM

NAME OF PERSON FILING REPORT	POSITION

NAME OF INJURED PERSON	POSITION
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WHEN AND WHERE DID THE INJURY TAKE PLACE?

LOCATION	DATE	TIME

Machine, tool or device that caused the injury:	
a) Was safety appliance or regulation provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) Was it in use at the time of injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c) Was the injured trained/familiar with this piece of equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d) Was the injured trained/familiar with the procedures and/or duties of their position?	<input type="checkbox"/> YES <input type="checkbox"/> NO

State what the individual was doing when injured and describe fully the circumstances surrounding the injury and how it occurred.

(This statement must be made without prejudice and without vouching for the correctness of information contained therein.)

Action Taken:	

Specific nature and location of injury:	
Name and address of doctor injured is taken to:	
Name and address of hospital or clinic:	
First call Head of Production: Weekdays _____, Off Hours _____ If Head of Production is not available, call Assistant Dean of Production: Weekdays _____, Off Hours _____ If accident or injury requires treatment, call Health Services during school hours: After hours call Residence Life Cell Phone: Campus Police Phone: If the injury is life threatening and requires immediate medical attention, call 911 immediately.	