

**ACCIDENT REPORT FORM**  
Rueff School of Design, Art & Production  
Department of Theatre

Student's Name: \_\_\_\_\_

Course Number (If Applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

**Accident Description**

Activity:

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Facility/Location: \_\_\_\_\_

Circumstances:

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Witnesses: \_\_\_\_\_

Nature or Type of Injury:

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Disposition (Check and/or Explain)

☐ Request ambulance \_\_\_\_\_

☐ Taken to hospital by whom \_\_\_\_\_

☐ Method of transportation \_\_\_\_\_

(PLEASE SEE REVERSE)

☐ Advice given to student \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Other procedures taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor/Stage Manager

\_\_\_\_\_  
Signature of Involved Student

\_\_\_\_\_  
Date Reported

Instructions:

1. If the accident is a major one, a report should be filed immediately with the department chair.
2. Do not attempt to place responsibility, but do make inquiries of other students and witnesses.
3. Matters involving defective equipment, which may have been cause for an accident, should be directed to both the department chair and the head of the school.
4. Copies should be kept by the faculty member involved and the department chair.