

**Shippensburg University  
Injury Report Form**

Employee ☐  
Student ☐  
Visitor ☐

Name of Injured (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male ☐ Female ☐

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Street City State Zip

Department and Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

---

---

Date of Report: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ am ☐ pm ☐

Date Injury Reported to University: \_\_\_\_\_ Reported to (Name): \_\_\_\_\_

Exact Location Where Injury Occurred (Be Specific): \_\_\_\_\_

Description of Your Injury/Injuries: \_\_\_\_\_

Detailed Description of How Injury Occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tools, Equipment, Etc. Being Used When Injury Occurred; \_\_\_\_\_

What Caused This Accident: \_\_\_\_\_

Unsafe Act: Yes ☐ No ☐ Safety Guard In Use: Yes ☐ No ☐ Personal Protective Equipment: In Use ☐ Not in Use ☐

Treatment Required: Yes ☐ No ☐ If Yes, Date of Initial Treatment: \_\_\_\_\_ Physician: \_\_\_\_\_

---

---

Witness to Injury: Yes ☐ No ☐

Name (Print): \_\_\_\_\_ Phone No.: \_\_\_\_\_

---

---

**If report prepared by Injured Party, complete First Line Only. If report prepared by another individual, complete First and Second Lines:**

Injured Party (Sign): \_\_\_\_\_ Supervisor (Sign): \_\_\_\_\_

Report Prepared By (Print) : \_\_\_\_\_ Sign: \_\_\_\_\_

