

Accident Report
Office of Undergraduate Production
Off Broadway Theater 203-432-6416/7

Instructions:

Fill out this report for any accident or injury. Copies should be retained by the Producer and the injured student, as well as being filed with the assigned Technical Advisor in the Office of Undergraduate Production.

To: Supervisor Undergraduate Production _____ Date Prepared: _____
From: _____ Title: _____

Injured Student _____ Net ID # _____
Address _____ Phone _____

Name of Production _____
Date of Injury _____ Time _____ Date Reported _____
Location Where Injury Occurred _____
Nature of Injury _____

Activity student was involved in when injured? _____
How did injury occur? _____

Tool, machine, or equipment involved? _____
Were safety devices in use at the time of injury? _____
Describe. _____

Was student wearing the appropriate personal protective equipment at the time of injury? _____
Describe. _____

Witnesses

Name _____ Phone _____
Name _____ Phone _____

Did Health Services see the student? _____ When? _____
Action taken? _____

Comments

Action Taken To Prevent Recurrence

Required Signatures

Injured Student _____ Date _____
Student Producer _____ Date _____
Staff Supervisor _____ Date _____