

## Visitor/Guest Incident Accident Investigation Form

\*\*UT Health Employees/Students/Medical Residents (who are employees) should use the Supervisor's First Report of Injury packet to report an accident/incident; packet found at <https://www.uth.tmc.edu/safety/risk-management-and-insurance/>

Name of Claimant (s):	Contact Phone #:	Claimant(s) address:
Date Occurred/Time Occurred:	Incident Building:	Incident Location/Room:
Name of Person(s) Reporting Incident:	Contact Phone #:	Department (if an employee) or address:
Name of Witness(es):	Witness(es) Phone #:	Witness(es) Department or Address:
Date & Time Reported:	Send completed form to UT Safety, Health, Environmental and Risk Management, OCB 1.330, Fax # 713-500-8111, Voice# 713-500-8100. Visitors/Guests are defined as individuals who are not covered by UT Health under any insurance including, but not limited to health insurance or workers' compensation. This form is for <b>RECORD ONLY</b> .	
Detailed Description of the Incident:		
Detailed Description of Injuries or Damages:		
Attachments	Signature of Person Reporting:	