STUDENT HEALTH SERVICES
TEXAS A&M UNIVERSITY
DIVISION OF STUDENT AFFAIRS

Website: shs.tamu.edu
Administration: (979) 458-8300

Occurrence Report

To document an employee injury, use the First Report of Injury Form.

Confidentiality: This form contains information that is proprietary, privileged, confidential or otherwise legally exempt from disclosure. The preparer and subsequent authors must take the appropriate precautions to keep the information and activities related to this occurrence confidential.

☐ Sentinel Event	☐ Fall	☐ Injury	☐ Security Issue
☐ Medication Issue	☐ Documentation Issue	☐ Equipment/Facility Issue	
☐ Procedure/Protocol Issue	☐ AMA (Against Medical Advice)	☐ Exposure to Blood/Body Fluids	
☐ **Other (specify):**			

Incident Occurred	Incident Discovered	Incident Location
Date: Time:	Date: Time:	

Affected Party: Name: ☐ Male ☐ Female

☐ Patient Address: City: State: Zip:

☐ Visitor Phone: Email:

☐ Staff DOB: UIN:

Witness: Name: ☐ Male ☐ Female

Address: City: State: Zip:

Phone: Email:

Description: Please give a concise, objective description of the occurrence. State significant facts in the order in which they occurred. Use the back of this form if more space is needed.

Signature of person preparing report Printed Name Date

Follow-Up: (initial and date)

Supervisor Director Administrator Risk/Safety Chair

Action: Describe action(s) taken to minimize re-occurrence. Use the back of this form if more space is needed.

Signature of person investigating report Printed Name Date

Student Health Services - A.P. Beutel Health Center - 1264 TAMU - College Station, Texas 77843 – 1264