

Visitor/Guest Incident 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.edu/safety/risk-management-and-insurance/>**

Name of Visitor/Guest:	Contact Phone #:	Visitor/Guest 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 Physicians, Fax# 713-512-2219. Voice# 832-325-7313 AND to Safety, Health, Environmental and Risk Management, OCB 1.330, Fax# 713-500-8111, Voice# 713-500-8100 or email at OSFP.Safety@uth.tmc.edu . Visitors/Guests are defined as individuals who are not covered by UTP under any insurance including, but not limited to health insurance or workers' compensation. This form is for RECORD ONLY	
Detailed Description of the Incident:		
Detailed Description of Injuries or Damages:		
Attachments	Signature of Person Reporting:	