



UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE

Department of Pathology
Pathologists' Assistant Program
Accident and Injury Report Form

Name of Individual:		
Date of Incident:		
Name of person first contacted about the incident (Instructor):		
Description of Injury:		
How did the accident occur? (describe fully)		
Name of object or item involved in the accident:		
Was safety equipment provided? (circle)	YES	NO
Was safety equipment in use at the time of injury?	YES	NO
Was accident caused by injured's failure to use or observe safety regulations?	YES	NO
Was the injury treated at the scene or by a doctor at a treatment facility?	YES	NO
If treated at the scene of the accident, describe treatment:		
Did the injured person return to school or work; If so, at what date and time?		
Follow up:		
Signature of person filing report:		
Date of report:		