HARVARD UNIVERSITY- Non-Employee Incident Reporting (Acct # 0931550)

Employer Contact Script

Employer Contact Information

- Name of person reporting the incident:
- Supervisor or hiring entity for contracted services (Who is the Harvard University sponsor of the injured party, not the injured party's non-Harvard supervisor/employer):
- Harvard University sponsor contact information:
  - Name, Department, telephone number and email address:
- Employer Contact Department (if applicable, non-Harvard entity):
  - Name, title:
  - Phone number:
  - Email:

Injured Individual Information

- Name of non-employee:
- Confirmation that person is not an Harvard employee:
  - Does the person have a Harvard ID #:
  - Injured/ill person phone number & email:
- Date of birth of injured/ill person:
- Position type (i.e. student, visitor, contractor/consultant, post doc):
- Type of alleged injury/illness:
- Date of incident:
- Time of incident:
- Location of incident (specific to a street address is needed):
- Incident description (obtain specific information about the nature of illness/injury):
- What tasks were being performed at the time of the incident:
- Was the incident a sharps related incident, i.e. needle stick? If so, what type?
- What type of medical treatment was provided, i.e. none, first aid, hospitalization, doctor office visits, etc.?