

UNIVERSITY OF MARYLAND BALTIMORE

ADVERSE INCIDENT REPORT

INSTRUCTIONS

- This form is only to be used for potential liability claims against UMB and/or to document an adverse incident on behalf of a patient, student, volunteer, research participant, etc.
- This form is **not** to be used for work-related injuries involving employees or departmental appointed volunteers.
- The form can be completed by the injured party (claimant) or the departmental representative who was notified of the incident.
- The form can be submitted to Environmental Health & Safety, Risk Management Division, by facsimile 410-706-8212 or electronic mail EHSRiskManagement@umaryland.edu. Keep a copy for your records.
- Please note that this is **not** a formal notice of claim against UMB on behalf of the injured party, it is simply a notification and serves as documentation of an adverse incident. If the injured party wishes to file a notice of claim against UMB, please contact EHS Risk Management at 410-706-7055 for further instructions.

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ADVERSE INCIDENT REPORT

CLAIMANT INFORMATION

FULL NAME:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: WORK PHONE:

UMB AFFILIATION (identify as student, volunteer, or none) :

TIME AND PLACE

LOCATION OF INCIDENT/BUILDING:

LOCATION ADDRESS:

LOCATION CITY: STATE: ZIP:

DATE OF INCIDENT: TIME OF INCIDENT: AM/PM

POLICE NOTIFIED: YES/NO POLICE REPORT NO.:

MEDICAL TREATMENT

HOSPITAL CARE: YES/NO NAME OF HOSPITAL:

NOTIFICATION

NAME OF PERSON NOTIFIED:

CONTACT NUMBER: TIME OF NOTIFICATION: AM/PM

INCIDENT DESCRIPTION:

PRINTED NAME: _____ DEPT.: _____

SIGNATURE _____ DATE _____