

*Department of Medical and Research Technology  
School of Medicine  
University of Maryland at Baltimore*

**Accident and Injury Report Form JT-1**

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