

UR International Theatre Program

WORKPLACE INCIDENT REPORT

(Do not remove from handbook. Use for photocopying, if needed.)

Every injury of Technical, Build, or Lighting Crew Members requiring hospitalization, emergency room service, or MERT intervention *must* be submitted to the Artistic Director of the UR International Theatre Program, no later than a week after the date of the incident. This report should be signed by both the Production Manager *and* by the injured party.

NAME OF INJURED _____ **DATE OF BIRTH** _____

TEL. No. _____ **DATE OF INJURY** _____ **TIME OF INJURY** _____

DESCRIPTION/NATURE OF INJURY _____

HOW DID THE INJURY OCCUR? _____

INJURED PARTY WAS (circle the appropriate): **A STUDENT** **STAFF MEMBER** **GUEST/VISITING**

ARTIST

IF A STUDENT: DURING WHAT CLASS/LAB DID THE INJURY TAKE PLACE? _____

WHO WAS SUPERVISING THE STUDENT AT THE TIME OF INJURY? _____

WHAT STEPS WERE TAKEN AFTER THE INJURY OCCURRED (provide names, if possible)? _____

ADDITIONAL COMMENTS BY INJURED PARTY: _____

SIGNED/DATE (PRODUCTION MANAGER)

SIGNED/DATE (INJURED PARTY)
