

## TECHNICAL WORKPLACE INJURY REPORT

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 Technical Director *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 (TECHNICAL DIRECTOR)**

**SIGNED/DATE (INJURED PARTY)**

\_\_\_\_\_

\_\_\_\_\_