

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)
