



Injured Person Information:

Today's Date Report Completed by:
Injured Person's Name: (Parent if a minor):
Injured Person's Address include (city, state, zip code):
Local Phone: Work Phone:
Date of Birth: Social Security Number:
Nature of Incident: o Personal Injury o Property Damage o Near Miss o Other - please describe:
Position of Injured Person: o Faculty/Staff o Student Employee o Visitor o Student Non-Employee
Primary Insurance Company: Health Auto

Office Use Only: DOH: Hourly Rate/Weekly Rate
Marrital Status: Married Not Married

Injured Worker Information:

Employee's Department: Department Manager:
Job Title: Normal Work Schedule: Days/Week: Hours/Day:
Did worker lose time from work due to incident? o Yes o No If yes, how many hours?
Has injured employee returned to work at full capacity? o Yes o No What day did injured employee return to work?
Does injured worker have other employment? o Yes o No
Company name and address:

Location (give exact location of incident)
Building Name:
Departmental Area:
Room No.: Other location details (i.e. outside, parking lot, etc.):
When did incident occur (MM/DD/YY) and what time (AM or PM):
When was incident reported to supervisor/manager or the HR Benefits area? (MM/DD/YY)
Who received the notice? (Supervisor/Manager; HR Benefits name):

Medical Treatment Provided at Time of Incident
o No medical treatment provided o 1st aid only - Describe:
o Doctor visit
Healthcare Facility Name:
Healthcare Facility Address:
Healthcare Facility Phone:
Treating Doctor Name:

Witnesses to Incident

1. Name: Address: Phone:
2. Name: Address: Phone:



Incident Description

Body Part (Check as appropriate)

- o Head, Skull, Face
o Torso/Trunk
o Foot (includes toes) Left or Right
o Arm (Shoulder, Elbow, Wrist) Left or Right
o Hand (includes fingers) Left or Right
o Back
o Leg, Knee, Ankle Left or Right
o Other (Please Identify):

Injury Type

- o Strain/Sprain
o Cuts
o Other (Please Describe):
o Crush
o Puncture
o Burn (Temp, Chemical, Electrical, etc.)
o Skin Irritation

Direct Cause

- o Struck By/Against
o Contact
o Motor Vehicle Crash
o Caught In/Between
o Overexertion
o Other (Please Describe):
o Fall Same Level
o Fall from Height

Objects/Items Involved

- o Ladder/Stools
o Carts
o Vehicles
o Other (Please Describe):
o Hand Tools
o Power Tools
o Knife
o Stairs/Steps/Ramps
o Chemicals
o Keyboard/Computer

Incident Narrative - Describe the events leading to the incident:

Potential Contributing Factors

Unsafe Acts

- o Improper use of equipment
o Not following operating procedure
o Making safety devices inoperable
o Operating without authority
o Operating/working at an unsafe speed
o Working on energized equipment
o Not reporting defective conditions
o Using defective equipment
o Failure to use available PPE
o Inattention to footing or surroundings
o Rushing/shortcuts/horseplay
o Driving errors
o Improper or awkward position
o Other:

Unsafe Conditions

- o Unguarded/inadequately guarded hazard
o Work surface slippery, uneven or unprotected
o Defective equipment, materials, tools
o Uninsulated/ungrounded electrical system
o Blocked egress/exits
o Inadequate/insufficient aisle or workspace
o Inadequate identification/warning systems
o Inadequate illumination or ventilation
o Uncontrolled/unprotected heat sources
o Chemical exposures; physical or airborne
o Excessive noise level
o Fire/explosion hazards
o Other:

What top 3 things could the University or department manager do to ensure this type of incident does not happen again?

- 1.
2.
3.

Reported Submitted by (include title, department name, etc.):