



INCIDENT REPORT FORM

This form is to be completed by the supervisor / instructor as soon as possible after the occurrence of the incident. **Forward the original to the Human Resource (HR) Office** immediately after the incident. All incidents no matter how minor shall be reported to the HR Office. Submitted forms will then be routed from HR to the Environmental, Health & Safety (EHS) Department as appropriate.

Part I – To Be Completed By Supervisor

Employee Name: _____ Telephone Number: _____

Supervisor Name: _____ Telephone Number: _____

Date of Incident: _____ Time of Incident: _____

Reported By: _____ Department: _____

Witnesses Name(s): _____ Telephone Number(s): _____

Location of Incident: _____

Description of Incident: _____

Medical Treatment Provided? On-campus ☐ Off-campus ☐ No Medical Treatment Required ☐

Description of Medical Treatment Provided: _____

Name of Medical Treatment Facility: _____

Address/Telephone Number of Health Care Provider: _____

Name/Address of Health Care Provider: _____

Was the accident a result of: Unsafe Act ☐ Unsafe Condition? ☐

If yes, please describe: _____

Describe Personal Protection Equipment being used at the time of the accident.

To Be Completed by Environmental Health & Safety

Is EHS Follow-up Required? Yes ☐ No ☐

Corrective Actions/Recommendations: _____

To Be Completed By Human Resources

Employee DOB: _____ Identification Number: _____

Employee SSN: _____ Employee Hire Date: _____

Job Title: _____ Pay Rate _____

OSHA Reportable? Yes ☐ No ☐ OSHA Year Log: _____ Claim Number: _____

Number of Lost Workdays: _____ Number of Restricted Workdays: _____