



## 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: \_\_\_\_\_