



INCIDENT/ACCIDENT 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.

To Be Completed By Supervisor

Employee Name: _____ Telephone Number: _____

Supervisor Name: _____ Telephone Number: _____

Date of Incident: _____ Time of Incident (HH:MM am/pm): _____

Reported By: _____ Department: _____

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

Location of Incident: _____

Description of Incident:

Medical Treatment Provided? On-campus Off-campus None Required

Description of Medical Treatment Provided:

Medical Treatment Facility info (please include name of facility, as well as the city):

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

Identification Number: _____ Employee Hire Date: _____

Job Title: _____ Pay Rate _____

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

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