

To be completed by Supervisor/Designee –
***Must submit completed form to the Office of Safety
within 3 business days of incident.***

PLEASE FILL IN ALL FIELDS – If a field does not apply, please type in N/A.

Name of person completing this form:

Last Name: _____ First Name: _____ Phone: _____

TYPE OF INCIDENT: INJURY EXPOSURE PROPERTY VEHICLE NEAR-MISS

Name of person involved in incident:

Last Name: _____ First Name: _____ Phone: _____

Injured/Involved person's relationship to UND:

Employee/Student Employee Student (non-employee) Visitor Affiliate

Was this person injured? Yes No

If YES, describe injury as best as possible:

Was medical attention sought? Yes No **If YES, where:** _____

Date incident occurred: _____ **Time:** _____ **Date medical attention sought:** _____

Location of incident: (building, room, address, street, etc.):

General description of environment:

Was the incident: Inside Outside **If OUTSIDE:** Clear Raining Snowing Other: _____

Describe how the incident occurred:

Did you observe the incident? Yes No

List contributing factor to the incident (i.e., mechanical, physical, environmental):

What personal protective equipment (PPE) was required at the time of the incident? _____

What PPE was in use at the time of the incident?

Has the involved person received prior training on tasks being performed? Yes No

If NO, what type of training is needed? _____

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When is the training scheduled? _____

Is additional training needed? Yes No

Was there property damage resulting from the incident? Yes No

If YES, what property was damaged? _____

Who is the owner for the damaged property? _____

What corrective action has been taken to prevent a re-occurrence of the incident?

- | | |
|---|---------------------------------------|
| Develop/revise safety policies/procedures | Request ergonomic evaluation |
| Remove equipment from use and repair or replace | Retrain employee in proper procedures |
| Maintain housekeeping and sanitary conditions | Address employees' work practices |
| Address employee behavior and attitude | Required PPE |

Further action needed (explain in detail):

Have picture been taken? Yes No If YES, have they been sent to the Office of Safety? Yes No

Do you feel that additional corrective action for follow-up is necessary by the Office of Safety? Yes No

Has a work order been requested/completed? Yes No If YES, what is the work order number? _____

Upon investigation, do the facts contradict the involved person's version? Yes No

What is your final analysis/opinion of this incident? (be as descriptive as possible):

I acknowledge that the information on this report is accurate based on my knowledge of the incident.

Signature _____ Date _____

Title _____ Department _____

Route to:

Department Head Signature _____ Date _____

Printed name _____

Office of Safety _____ Date _____

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Email: UND.safety@email.UND.edu