University of North Dakota Grand Forks

Incident Reporting Form

PART A: COMPLETE THIS PART OF FORM FOR ALL INCIDENTS

Person completing form: **Last name:**____________________ **First name:**__________________ **Phone:**__________

When did incident occur? **Date:** __________ **Time:** ________ ❑ **AM** ❑ **PM** **Date employer was notified:** ____________

Injured person: **Last name:**______________________ **First name:**__________________ **Phone:**______________

Local address (include city, state, zip code):____

____

Sex______ **Marital Status**________________ **Name of parent/guardian (if under 18):**_____________________

Injured person's relationship to UND: ❑ Employee / Student Employee ❑ Student (non-employee) ❑ Visitor_

If employee/student employee: Was injury/illness work related? ❑ Yes ❑ No

Employing Department: ______________________ **Supervisor:** ______________________ **Phone:**

Job Title of Injured Person:______________________ ❑ **Part-time** ❑ **Full-time**

Address, building name, or location of incident:____

Was the incident: ❑ Inside ❑ Outside (If Outside): ❑ Clear ❑ Raining ❑ Snowing ❑ Other:______________

Description of incident (Use back of form if necessary): ____

____

____

Witness(es) to incident: ____

Name(s) **Phone**

Injury and illness information:

- ❑ No apparent injury or illness
- ❑ Slight injury or illness not requiring professional medical attention
- ❑ Injury or illness requiring professional medical attention

(*If third box is checked, complete Part B*)

Body part(s) injured: ________________

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____

Time lost from work (number of days and/or hours): __________________

Part B: COMPLETE THIS PART ONLY IF INJURY OR ILLNESS REQUIRED MEDICAL ATTENTION

Medical facility visited: ______________________ Name of physician: ______________________ Date of initial treatment: __________

Description of medical treatment(s): ____

Social Security number: ______________________ Date of birth (Month/Day/Year): __________________

Part C: COMPLETE THIS PART ONLY IF INCIDENT INVOLVED LOSS OR DAMAGE TO PROPERTY

Property/Vehicle/Equipment Loss or Damage

What was lost or damaged? ____

Owner of damaged or lost property: ____

Owner's address: ____ Owner's phone: __________________

____

Was any state property lost or damaged? ❑ Yes ❑ No

What could be done to prevent a reoccurrence of this incident?____

The above information on this report is accurate based on my knowledge of the incident,

Signature: ____**Date:**______________

NOTIFY SAFETY AND ENVIRONMENTAL HEALTH IMMEDIATELY (WITHIN 24 HOURS) FOR ALL INCIDENTS RESULTING IN PERSONAL INJURY.

Route to: **Supervisor's signature:** ______________________________ **Date:**__________________

Safety & Env. Health: ______________________________ **Date:**__________________

Original to Safety & Environmental Health: Box 9031, Grand Forks, ND 58202 Phone: (701)777-3341 Fax: (701)777-4132