

Part Two (2) – ***Must submit completed form to the Office of Safety within 1 week 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: \_\_\_\_\_

**Name of person involved in incident**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Phone: \_\_\_\_\_

TYPE OF INCIDENT:  INJURY  EXPOSURE  PROPERTY  VEHICLE  NEAR-MISS

Was this person injured?  Yes  No

If Yes, describe injury as best as possible:

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Was medical attention sought?  Yes  No If Yes, where: \_\_\_\_\_

Date incident occurred: \_\_\_\_\_ Time: \_\_\_\_\_ Date medical attention sought: \_\_\_\_\_

Location of incident: (Building, room, address, etc.):

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General description of environment:

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Was the incident:  Inside  Outside If Outside:  Clear  Raining  Snowing  Other: \_\_\_\_\_

Describe how the incident occurred:

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Did you observe the incident?  Yes  No

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

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

What PPE was in used at the time of the incident:

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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 of the damaged property? \_\_\_\_\_

What corrective action has been done 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 Require PPE

Further action needed (explain in detail):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Have pictures 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? \_\_\_\_\_

Have the witnesses been contacted? \_\_\_\_ Yes \_\_\_\_ No If not, why? \_\_\_\_\_

Upon investigation, do the facts contradict the injured person's version? \_\_\_\_ Yes \_\_\_\_ No

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

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Route to:

Department Head \_\_\_\_\_ Date \_\_\_\_\_

(print) \_\_\_\_\_

Office of Safety \_\_\_\_\_ Date \_\_\_\_\_

Submit to Office of Safety

Print

OFFICE OF SAFETY: 3851 Campus Rd. Stop 9031 Grand Forks, ND 58202 Tel: 701.777.3341 Fax: 701.777.4132
Email: UND.safety@email.UND.edu