INCIDENT REPORT FORM

- This form to be completed for **all job-related injuries or illnesses – regardless of extent**.
- Must be completed by supervisor within 24 hours of incident
- SAIF Coordinator must receive notification within 24 hours of **all** incidents.

IF EMPLOYEE RECEIVES MEDICAL TREATMENT OR MISSES TIME FROM WORK, A WORKERS' COMPENSATION CLAIM - FORM 801 MUST BE COMPLETED AND SENT TO THE SAIF COORDINATOR WITHIN 24 HOURS.

Name _____ Job Tile _____
First Middle Last

Date of Injury: Hour: AM PM Time Left Work: AM PM Date of Birth:

Department Name	Name of Supervisor	Date Reported to Supervisor
Exact Location of Accident:		Name of Witness:

Describe Accident (What was injured worker doing; what objects, machines o materials were involved):

_____

_____

_____

_____

Regular Days Off	Working Shift AM PM to AM PM

Employee Signature: _____ Date: _____

ACTION

- ☐ FIRST AID CASE ONLY
- ☐ REQUIRED DOCTOR'S CARE
- ☐ HOSPITALIZED
- ☐ OSHA NOTIFIED
- ☐ TIME LOSS
- ☐ NO INJURY/NEAR MISS

BODY PART INJURED

HEAD FACE EYE
NECK BACK CHEST
ARM HAND FINGER
LEG KNEE ANKLE
FOOT TOE
OTHER _____

NATURE OF INJURY

ABRASION LACERATION PUNCTURE
BRUISE FRACTURE BURN
SPRAIN/STRAIN FOREIGN BODY POISON OAK
COLD INJURY HEAT NJURY DEMATITIS
LOSS OF CONCIOUSNESS OCCUPATIONAL ILLNESS
OTHER _____

ADDITIONAL NOTES

SUPERVISORS MUST COMPLETE OTHER SIDE

SUPERVISOR'S INVESTIGATION OF CAUSE (CHECK ONE OR MORE)

If employee admitted to hospital, OSHA must also be contacted within 24 hours. This is a supervisor's responsibility – Call OSAH at 776-6030.

Did you personally view the incident site? Yes No Employee Category Faculty Staff Student

UNSAFE ACTS

- ❑ OPERATING WITHOUT AUTHORITY
- ❑ FAILURE TO WARN OTHERS
- ❑ OPERATING OR WORKING AT UNSAFE SPEED
- ❑ MAKING SAFETY DEVICES INOPERATIVE
- ❑ FAILURE TO SECURE OBJECTS
- ❑ USING UNSAFE EQUIPMENT OR EQUIPMENT UNSAFELY
- ❑ UNSAFE LOADING, MIXING, CARRYING
- ❑ TAKING UNSAFE POSITION OR POSTURE
- ❑ HORSEPLAY
- ❑ FAILURE TO USE PERSONAL PROTECTIVE DEVICES
- ❑ FAILURE OT OBSERVE SAFETY REGULATIONS
- ❑ LACK OF TRAINING OR KNOWLEDGE
- ❑ PREVENTABLE VEHICLE ACCIDENT
- ❑ SLIPS AND FALLS
- ❑ FAILURE TO LOCK OUT/TAG OUT
- ❑ OTHER: _____

UNSAFE CONDITIONS

- ❑ IMPROPERLY GUARDED EQUIPMENT OR MACHINE
- ❑ DEFECTIVE TOOL OR EQUIPMENT
- ❑ POOR HOUSEKEEPING
- ❑ IMPROPER LIGHTING
- ❑ IMPROPER VENTILATION (DUST, FUMES, ETC.)
- ❑ UNSAFE DESIGN OR CONSTRUCTION
- ❑ SLIPPERY OR OTHER UNSAFE SURFACE
- ❑ INADEQUATE WARNING SYSTEM
- ❑ HAZARDOUS STORAGE OR ARRANGEMENT
- ❑ HAZARDOUS DRESS OR APPAREL
- ❑ HAZARDOUS WORK PROCEDURE
- ❑ HAZARDOUES WEATHER OR ENVIRONMENT
- ❑ CONTACT WITH POISONOUS PLANTS, INSECTS, TOXIC CHEMICALS, SKIN IRRITANTS, BITES, ECT.
- ❑ OTHER: _____

- REASONS FOR UNSAFE ACT (Must be completed by Supervisor)

_____

_____

_____

- REASONS FOR UNSAFE CONDITION (Must be completed by Supervisor)

_____

_____

_____

- WHAT PRACTICAL CORRECTIVE ACTION WILL BE TAKEN BY SUPERVISION TO PREVENT RECURRENCE? (Must be completed by Supervisor.) Note: The wording "be more careful" is unacceptable, as it does not present a viable solution. If the cause is properly identified, there should be several solutions.

_____

_____

_____

SUPERVISOR'S SIGNATURE _____ DATE _____

MANAGEMENT REVIEW SIGNATURE _____ DATE _____

 CHECK IS SAIF FORM 801 WAS COMPLETED**. (801 MUST BE COMPLETED AND RECEIVED BY THE SAIF COORDINATOR WITHIN 24 HOURS)**

 CHECK IF YOU BELIEVE THIS INJURY **IS NOT WORK CONNECTED** AND REPORT TO YOUR SUPERVISOR.