

Supervisor/Faculty Injury/Incident Report



Supervisor / Faculty Information

Name: _____

Today's Date: _____

Department: _____

Phone #: _____

Employee / Student Information

Name: _____

Date of Hire: _____

Title: _____

Work Phone #: _____

Campus Location

Campus: _____

Building: _____ Room: _____

Injury / Incident

Date of Injury: _____

Time of Injury: _____

Date reported to supervisor: _____

Describe the nature and extent of injury or incident being reported.

Describe the activity being performed when the injury or incident occurred.

What objects/substances directly contributed to the injury? (Fall / trip/ lifting / carrying / pushing / pulling; machine, vapor inhaled; Chemical / irritant to skin, etc.)

How could this injury or incident have been prevented?

What Personal Protective Equipment was provided?

Was it being used correctly? Yes No

Witness(es) Provide name, title, phone#.

Name: _____ Title: _____ Phone#: _____

Name: _____ Title: _____ Phone#: _____

Medical Treatment

Supervisor / Faculty Signature

Please select one:

- Basic First
- Aid Hospital /
- ER
- Doctor / Clinic
- None

Signature

Date

Please submit completed form to Risk Management located in Building 155, Room B106, no later than 1 business day after the injury / incident. Inquiries may be directed to Risk Management at 254-526-1347 or 1-800-492-3348 ext. 1347.