Northern Michigan University

Incident Report

For Accident/Injury/Illness

Public Safety Use:
C/N: _____
File Class: _____

SUPERVISOR OR INSTRUCTOR MUST COMPLETE ENTIRE REPORT

Date of Incident: _____ Time of Incident: _____ Date Reported: _____

To Whom Reported: _____ Dept: _____ Phone: _____

VICTIM INFORMATION: Name: _____ Sex: M☐ F☐

IN #:_____ Birth date: _____ **INCIDENT INVOLVED** (select):_____

Local Address: _____ Local Phone: _____ Work Phone:_____

Permanent Address: _____ Phone: _____

WITNESS INFORMATION: Name: _____ Phone: _____

Type of injury/illness: _____

_____

Select Area &Type of injury – Specify LEFT or RIGHT Side as appropriate**:**

AREA OF INJURY (check):

- ☐ Abdomen
- ☐ Ankle (L R)
- ☐ Arm (L R)
- ☐ Back
- ☐ Chest
- ☐ Collarbone (L R)
- ☐ Elbow (L R)
- ☐ Eyes (L R)
- ☐ Finger (specify) _____
- ☐ Face
- ☐ Foot (L R)
- ☐ Forearm (L R)
- ☐ Groin
- ☐ Hand (L R)
- ☐ Head (L R)
- ☐ Hip (L R)
- ☐ Instep (L R)
- ☐ Knee (L R)
- ☐ Leg (L R)
- ☐ Neck
- ☐ Ribs (L R)
- ☐ Shin (L R)
- ☐ Shoulder (L R)
- ☐ Tailbone
- ☐ Teeth
- ☐ Thigh (L R)
- ☐ Thumb (L R)
- ☐ Toe (specify_____)
- ☐ Wrist (L R)
- ☐ Other _____

TYPE OF INJURY check):

WOUNDS:
- ☐ Lacerations
- ☐ Contusion
- ☐ Infection
- ☐ Foreign Body
- ☐ Puncture

SKIN:
- ☐ Dermatitis
- ☐ Irritation-Rash

EYES:
- ☐ Foreign Body
- ☐ Burn, Corrosive
- ☐ Burn, Heat
- ☐ Burn, Flash
- ☐ Wound
- ☐ Irritation

BURNS:
- ☐ Heat
- ☐ Chemical
- ☐ Friction

GASES:
- ☐ Nausea
- ☐ Dizziness
- ☐ Irritation

- ☐ **PAINS**
- ☐ **MISCELLANEOUS**
- ☐ **FRACTURES**
- ☐ **STRAIN**
- ☐ **SPRAIN**

If an employee, select status: _____ Department:_____

Work Assignment: _____ On/Off Campus Site of Occurrence:_____

Circumstances _____ If died, date death occurred: _____

What was employee doing just before incident occurred? _____

What object or substance directly harmed employee? _____

Regular Shift/Schedule/Hours: (Example: M-F, 8-5 p.m.) _____

*Did employee leave work? Yes ☐ No ☑ If "Yes", number of lost work days:_____ Date returned to work: _____

Equipment malfunction: Yes ☐ No ☑ If "Yes", describe:_____

Damage to Property or Equipment? Yes ☐ No ☑ If "Yes", describe._____

Notify Human Resources/Public Safety of any changes that may occur at a later date.

Describe first aid at location: _____

Administered by: _____ Phone: _____

*Medical treatment or prescriptions given:_____

If follow up treatment is required, describe:_____

Name and address of hospital and physician: _____

Notify Human Resources/Public Safety of any changes that may occur at a later date.

Supervisor **MUST** complete the following:

Unsafe act or condition causing injury: _____

Action taken or to be taken to prevent similar incident: _____

Supervisor:_____ Signature: _____ Date: _____

Department: _____ Phone: _____

UNIVERSITY ACCIDENT REPORTING POLICY

Public Safety must be immediately notified of all personal injury accidents* involving faculty, staff, students, or visitors, resulting in injuries requiring treatment other than self-administered first aid. The injured individual must notify his or her supervisor, responsible faculty member or Public Safety. A University Incident Report must be prepared within twenty-four (24) hours of the injury by the supervisor, responsible faculty member, or Public Safety.
*A personal injury accident is an accident other than a motor vehicle accident.

Copies to: Public Safety, Human Resources, Risk Manager, Injured