University System of New Hampshire

University System of New Hampshire Report of Incident

POLICY REQUIRES THAT REPORT OF ACCIDENT, INJURY OR ILLNESS BE REPORTED WITHIN 24 HOURS OF OCCURRENCE. This form must be completed in its entirety and faxed to your campus Human Resources Department.
Omission of information could result in a delay of benefits.

Check One: ☐ **Employee** ☐ **Student (non-employee)** ☐ **Visitor/Guest** ☐ **Other**

PERSONAL DATA

All Injuries Complete Section A | **Employees Must Also Complete Section B**

SECTION A			SECTION B	
Name Of Injured Person (Print):			☐Staff ☐Hourly(non-status)	☐Full Time ☐Part Time
Home Address:			Department Location:	Department Work Phone:
City/State/Zip:			Hours Worked Per Day:	Days Per Week:
SSN: ____-____-_____	Date of Birth:	Sex: ☐ Female ☐ Male	Position Title:	Date of Hire::
Home Phone:	Cell Number:		Supervisor's Name:	Supervisor's Work Phone:

INCIDENT STATEMENT

DATE OF INJURY:	Body Part (s) Affected:	**What Side Of Body?** ☐Left ☐Right	**Time:** __________☐ am ☐pm

Explain in detail how the injury occurred. Include specific activities/tasks performed at the time.
____-
____

Location where injury occurred:

Who witnessed this injury?
Name: ______________________ Address:______________________________
Home Phone:______________________ Work Phone: _______________

Medical Treatment provided by: ☐First Aid, no medical care needed ☐No treatment ☐ Other

☐Hospital ER (Place) ______________________ ☐Private Physician (Name & Phone#) ______________________

DEPARTMENT HEAD, SUPERVISOR, OR CAMPUS OFFCIAL INVESTIGATION STATEMENT

INVESTIGATION

After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:

What was the injury, illness or exposure?

INITIAL CAUSE

- ☐ Struck by or against object (Indicate): ______________
- ☐ Caught in/under/ between
- ☐ Fall / Slip / Trip
- ☐ Material handling or lifting
- ☐ Repetitive motion
- ☐ Chemical exposure
- ☐ Body fluid exposure:
  - __Needle stick
  - __Sharps
- ☐ Animal bite
- ☐ Other, Explain
____
____
____

CONTRIBUTING FACTORS AND ACTIVITIES

Equipment
- ☐ Equipment failure
- ☐ Equipment unavailable
- ☐ Improper equipment or material used for job

Personal protective equipment
- ☐ Not worn
- ☐ Not readily available
- ☐ Not adequate for the task
- ☐ Personal protective equipment failure

Training/Experience
- ☐ Lack of training
- ☐ Safety training provided, not followed
- ☐ New task for employee or lack of experience

Work Area
- ☐ Work area set up improperly
- ☐ Inadequate lighting or noise issues
- ☐ Housekeeping issues
- ☐ Environmental factors (rain, wind, temp. etc)
- ☐ Ventilation issues
- ☐ Ergonomic factors

Employee
- ☐ Physically not able to do work
- ☐ Employee fatigue Unbalanced
- ☐ or poor position or motion
- Incorrect procedures used for
- ☐ task
- Other unsafe practice

Assistance ☐
- Difficult to perform task
- ☐ without help
- Safety features or devices not
- ☐ readily available
- Assistive devices not used
- ☐ Lack of policy/procedure
- ☐ Animal (explain below)
- ☐ Other (explain) _________
- ☐ ________________

use additional pages as needed

PREVENTIVE ACTIONS

DEPARTMENT HEAD, SUPERVISOR, OR CAMPUS OFFICIAL WILL:
- ☐ Develop/revise safety procedures Request
- ☐ ergonomic evaluation assistance Order
- ☐ new equipment
- ☐ Order new personal protective equipment
- ☐ Remove equipment from use and repair/replace
- ☐ Schedule preventive maintenance
- ☐ Will retrain employee before task is re-assigned
- ☐ Perform on-site review of work activity, update job safety analysis Reconfigure
- ☐ work area
- ☐ Communicate corrective actions to others in job category ☐

Other______________________

Preventive actions will be completed by:
Name______________________

Expected date of completion____________

____
Signature of Injured Person

____
Date Signed

____
Signature of Department Head, Supervisor, or Campus Official

____
Date Signed