

UNMC EMPLOYEE / VOLUNTEER / STUDENT INCIDENT REPORT

FOR EMPLOYEES – This form must be completed and submitted to Human Resources within 24 hours.

Make sure to you notify your supervisor.

FOR VOLUNTEERS / STUDENTS – Submit the completed form to Environmental Health and Safety within 24 hours

PLEASE PRINT

PLEASE CHECK ONE
<input type="checkbox"/> Employee
<input type="checkbox"/> Student
<input type="checkbox"/> Volunteer

Person completing Report (if other than injured or involved): _____ Work/Cell Phone _____

Person Injured or Involved in incident: _____ DOB: _____ Home/Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Department/Unit/College: _____ Work Phone: _____ Start/Hire Date: _____

Position Title: _____ Supervisor Name & Number: _____

Date of Injury/Illness: _____ Time Shift Started: _____ Time of Injury/Illness: _____

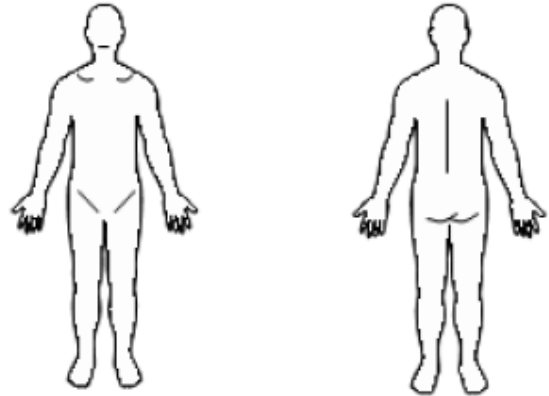
Location of incident: _____ Who was notified: _____

Date Depart/Unit/College/Employer Notified: _____ Last Work Day: _____ Date Returned to Work: _____

Body Part Injured: _____ If Fatal, Date of Death: _____

Describe the Incident (describe what happened, how the Incident occurred, including details pertaining to equipment, environment, tasks, etc.)

Indicate on the diagram the location of the injury



This injury is a: New or Re-injury

- | | |
|--|---|
| <input type="checkbox"/> No Medical Treatment | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> First Aid by Dept. / Employer | <input type="checkbox"/> Hospitalized Overnight |
| <input type="checkbox"/> Minor Clinic/Hospital | <input type="checkbox"/> Hospitalized >24 Hours |

INITIAL TREATMENT:

What was the cause of this Incident?

How could this Incident have been prevented?

Did anyone witness the Incident? Yes No If yes, please provide the name and phone number of the witnesses:

If an employee, do you have other employment? Yes No If Yes, where? _____

_____ Employee / Volunteer / Student Signature	_____ Date	_____ Signature of Person completing Report or Supervisor (If other than injured or involved)	_____ Date
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EMPLOYEES – Return completed form to erdocuments@unmc.edu, Zip 5470, or fax 402-559-5904
 VOLUNTEERS / STUDENTS – Return completed form to unmcehs@unmc.edu, Zip 5480, or fax to 402-559-8370