

## UNO Employee Incident Report

This form must be completed, reviewed with a supervisor and submitted to Environmental Health and Safety (EHS) within 24 hours

Employee Name (last, first) \_\_\_\_\_  
Address (Home): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employee Phone Number: \_\_\_\_\_

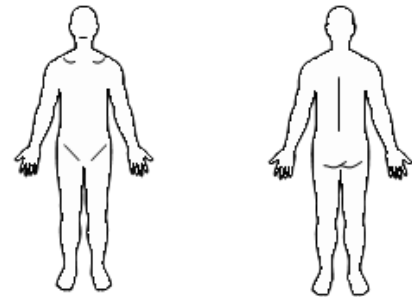
NUID#: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Hire Date \_\_\_\_\_  
Department: \_\_\_\_\_  
Supervisor Name & Number: \_\_\_\_\_

Date of Injury/Illness: \_\_\_\_\_ Time Employee Began Work: \_\_\_\_\_ Time of Injury/Illness: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_ Who was Notified? \_\_\_\_\_  
Date Employer Notified: \_\_\_\_\_ Last Work Day: \_\_\_\_\_ Loss time  Yes  No  
Body Part Injured: \_\_\_\_\_ If Fatal, Date of Death: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate on the Diagram the location of injury



Injury is a:  New or  Re-injury

Initial Treatment:

No Medical Treatment:   
First Aid by Employer:   
Minor Clinic/Hospital:

Emergency Room:   
Hospitalized Overnight:   
Hospitalized >24 Hours:

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.

\_\_\_\_\_  
\_\_\_\_\_

Do you have other employment?  Yes  No If yes, where? \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed incident report to:

Environmental Health & Safety at [unoehs@unomaha.edu](mailto:unoehs@unomaha.edu) **AND** Human Resources at [unobenefits@unomaha.edu](mailto:unobenefits@unomaha.edu)