

UNO Employee Incident Report

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

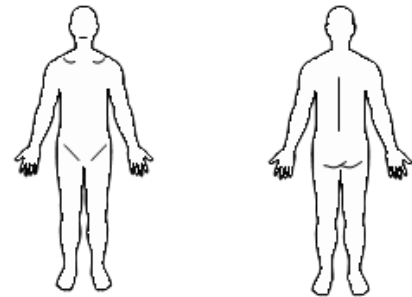
Employee Name (last, first) _____
Address (Home): _____
City: _____ State: _____ Zip: _____
Employee Phone Number: _____

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 Jamal Khan at jamalkhan@unomaha.edu and Mary Razor at mrazor@unomaha.edu