

UNO Employee Incident Report

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

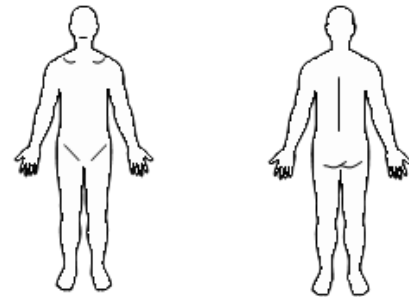
Employee Name (last, first) _____
Address (Home): _____
City: _____ State: _____ Zip: _____
Employee Phone Number: _____

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 uno.ehs@nebraska.edu **AND** Human Resources at uno.benefits@nebraska.edu