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) ___________________________________________ NUID#: __________________________
Address (Home): _____________________________________________________________
City: __________________ State: ______ Zip: ______
Job Title: __________________ Hire Date: __________________
Department: _____________________________
Employee Phone Number: __________________________ 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: □ Emergency Room: □
Minor Clinic/Hospital: □ 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 unoeha@unomaha.edu AND Human Resources at unobenefits@unomaha.edu

Form updated 05/05/22