

St. Lawrence University
Incident/Injury/Near Miss Report
SUPERVISOR and EMPLOYEE complete this form.

The information should be ACCURATE and COMPLETE; provide as much detail as possible and document the incident as the employee explains it. **Notify the Human Resources Office when there is lost time or medical treatment. This report must be filed within 24 hours of the incident/accident.**

If the injured person is an Agency Temporary please specify which agency and FAX this form to HR immediately; the University must provide Same Day Notification of incident/accident to the agency.

Employee Name _____ Schedule (days/shift/hours) _____

Employee's Title & Status _____
(If injured is an Agency Temp, Fax report to HR #5561)

(Circle all that apply) Full-Time Part-Time Seasonal Regular
 SLU Temp SLU Student Worker Temp Agency (Kelly/Maxsys/Penski) _____

Date of Incident _____ Time _____

Where did the incident occur _____
(please be specific)

Employee's account of incident: _____

Witnesses to the incident (name and affiliation) _____

Nature of injury (i.e., swelling on right forearm) _____

Body Part Affected: (be specific – left knee, lower back): _____

Category of incident: (please check all that apply)

Cut _____ Slip/Fall _____ Sprain/Strain _____ Burn _____ Bend/Lift _____ Other _____

Form completed by: _____ Date _____

Employee Signature _____ Date _____

Notify Human Resources ASAP of any medical need or lost time due to this incident!
Questions??? Call Human Resources, ext. 5833. HR FAX #229-5561.



Supervisor's Report of Injury/Incident

Employee _____

Supervisor's Name _____

Department _____

When notified of incident? _____

Was medical care provided _____ When _____ Where _____
(attach any and all medical documentation)

How much time lost from work _____
(List specific dates!)

Has injured returned to work? _____ Date _____

How/why did the incident occur and what can be done to correct or prevent similar incidents in the future? _____

(Select item(s) under **EMP** which require additional attention)

<u>Equipment</u>	<u>Material</u>	<u>People</u>
Arrange _____	Place _____	Place _____
Use _____	Handle _____	Train _____
Maintain _____	Process _____	Lead _____

Additional Comments (if any) _____

Supervisor's Signature _____
(acknowledges report of incident)

Date _____

Forward original report to Human Resources, keep a copy for your records.

Corrective Action (To be completed by Risk Manager)

What can be done to resolve the problem that contributed to the incident/injury? _____

What steps were taken to prevent recurrence? _____

HUMAN RESOURCES: _____ **DATE:** _____

RISK MANAGER'S SIGNATURE _____ **DATE:** _____

RISK MANAGER'S COMMENTS & RECOMMENDATIONS: _____

For HR/Internal use only: Report # _____

C-2 Filed

Copy to EH&S, Security

8.30.06