



# Worker's Comp Accident/Incident Report

## INCIDENT/NEAR MISS REPORT

An incident is an event that did cause injury to a person or damage to equipment, building or materials. A near miss is an event that could have caused injury to a person or damage to equipment, building or materials.

### Step by Step Instructions Below for Worker's Comp Accident/Incident Reporting

- Step 1 Employee should report the incident to Campus Police, their Supervisor and contact Compendium at 877-709-2667. Compendium will refer employee to Doctor's Care or appropriate medical facility.
- Step 2 Public Safety will complete Worker's Comp Accident Incident Report with employee and provide a copy to Employee and HR.
- Step 3 Supervisor should contact HR as soon as possible the day on or after incident.
- Step 4 Employee must notify Supervisor/HR of their appointment(s) and provide a Status Report to HR from visit(s).

Date Prepared: \_\_\_\_\_ Preparer Name & Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Person involved in incident: \_\_\_\_\_

Witnesses (Name and Phone #): \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ a.m. or p.m.

Date Reported: \_\_\_\_\_ Time employee began work: \_\_\_\_\_ a.m. or p.m.

Dept. and location where occurred: \_\_\_\_\_

Nature of the Injury (strain, cut, bruise, etc.) \_\_\_\_\_

Body Part(s) affected: \_\_\_\_\_

Medical Treatment Required: None \_\_\_\_\_ First Aid \_\_\_\_\_ Doctor or Hospital \_\_\_\_\_

Physician Healthcare Provider/Attending Physician or Hospital (Name & Address) \_\_\_\_\_

Was employee hospitalized overnight as a patient? Yes \_\_\_\_\_ or No \_\_\_\_\_

Date return to light duty restrictions: \_\_\_\_\_ Date return to regular duty: \_\_\_\_\_

**Complete this section if an injury occurred or there was damage to equipment**

Dept. or location where accident or illness exposure occurred: \_\_\_\_\_  
\_\_\_\_\_

All equipment, materials or chemicals employee was using when accident or illness exposure occurred: \_\_\_\_\_  
\_\_\_\_\_

Specific activity employee was engaged in when accident or illness exposure occurred: \_\_\_\_\_  
\_\_\_\_\_

Work process employee was engaged in when accident or illness exposure occurred: \_\_\_\_\_  
\_\_\_\_\_

Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill. \_\_\_\_\_  
\_\_\_\_\_

Date return to light duty restrictions: \_\_\_\_\_ Date return to regular duty: \_\_\_\_\_

Were safeguards or safety equipment provided? Yes \_\_\_\_ No \_\_\_\_ Were they used? Yes \_\_\_\_ No \_\_\_\_

Name of Injured Worker: \_\_\_\_\_ Contract Plan # 300641438

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Notes/Information:** Please forward this form to the Human Resources Department as soon as possible following the incident or near miss. All copies will remain in the Worker's Comp folder of the injured employee in the Human Resources Office.