**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.**

Contact Environmental Health and Safety immediately to assist with identifying corrective actions (x5607 or x5105).

 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)

Employee Phone # Weather Conditions

(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)

**Equipment** **Material** **People** 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 Environmental Health & Safety)

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

What steps were taken to prevent recurrence?

**HUMAN RESOURCES: DATE:**

**EH&S SIGNATURE DATE:**

**EH&S COMMENTS & RECOMMENDATIONS:**

For HR/Internal use only: Report # C-2 Filed

Copy to EH&S, Security

8.30.06

4.06.16