



**MANAGER'S INJURY/ILLNESS/ INCIDENT REPORT - CONFIDENTIAL**

This form must be completed and returned to the Risk Management office within one business day of any incident, accident, or injury / illness.

All accidents and incidents should be investigated no matter how minor, since the same condition(s) that caused a minor incident could lead to a major accident/injury.

Injured Employee Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Campus/site: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Date of Injury or onset of illness: \_\_\_\_\_ Exact Location of Injury/Incident: \_\_\_\_\_

Date Employer first knew of the injury: \_\_\_\_\_ Date claim form was provided to the employee: \_\_\_\_\_

Medical attention employee required as a result of injury/illness: First Aid, (if so, administered by whom: \_\_\_\_\_)

Occupational Health Service  Emergency Room  Other (specify) \_\_\_\_\_

Describe nature of injury/illness and part of the body affected: (i.e., sprained left knee; strained lower back, etc.):

\_\_\_\_\_

Full circumstances of the incident (if injury, please describe the work being performed at the time of the injury and include as much details as possible):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the actions of the employee part of his/her normal job duties? \_\_\_\_\_ If no, please explain below:

\_\_\_\_\_

Names and work phone numbers of witnesses, if any: a) \_\_\_\_\_

b) \_\_\_\_\_

What symptoms were reported to you as industrial accident/illness? \_\_\_\_\_

Do you agree that the injury occurred as reported? \_\_\_\_\_

Did the injury occur during the course and scope of his/her duty? \_\_\_\_\_

What unsafe acts were performed? (Include rules violated, if any) \_\_\_\_\_

Fundamental Cause of Incident: \_\_\_\_\_

What has been done or is recommended to prevent recurrence of a similar incident? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Completed: \_\_\_\_\_

Phone Number of Manager \_\_\_\_\_

Manager's Name \_\_\_\_\_

Manager's Signature \_\_\_\_\_

Date Reviewed by Department Head \_\_\_\_\_

Name of Department Head \_\_\_\_\_