

Incident Reporting Responsibilities

EMPLOYEE

1. Report incident/event immediately to your supervisor
2. Assess for first aid or medical treatment
3. Complete the incident report immediately and fax or email to the Safety Office (24 hour reporting requirement)
4. If you need medical care - report to NDSU's Designated Medical Provider
5. Bring First Report of Injury Form from the Medical Provider to the Claims Specialist immediately
6. Complete additional required Workers Comp forms with the Claims Specialist
7. You are required to follow medical restriction 24/7
8. You are required to accept modified work
9. Keep the Claims Specialist informed of referrals, restrictions and medical visits
10. Sign and date all documents

SUPERVISOR

1. Assess the injury for first aid or medical treatment - if medical treatment is needed, send or take to the Designated Medical Provider
2. Provide a copy of the Incident Report Form to the employee
3. Assess the event/incident for immediate hazards and conduct an investigation
4. Complete the Supervisor's portion of the Incident Report from and fax to the Claims Specialist immediately
5. Identify Corrective Actions to prevent similar incident from occurring again
6. Repair, Replace, Remove or Retrain/Train
7. Monitor the Return to Work and provide temporary accommodations for restrictions
8. Work with the injured worker and Claims Specialist throughout the claims process
9. Sign and date all documents

CONTACT INFORMATION

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|--------------------------|--|
| NDSU Claims Specialist | 701-231-9587 |
| NDSU Safety Office Fax | 701-231-6739 |
| NDSU Safety Office | 701-231-7759 |
| NDSU Safety Office Email | ndsu.police.safety@ndsu.edu |

UNIVERSITY POLICY REQUIRES THAT AN OCCUPATIONAL INCIDENT/INJURY/ILLNESS/EXPOSURE BE REPORTED TO ND RISK MANAGEMENT WITHIN 24 HOURS OF OCCURRENCE AND STATE REGULATIONS REQUIRE THAT ALL EVENTS BE INVESTIGATED. Omission of information could result in a delay of benefits. **This form must be FAXED or EMAILED to the Safety Office IMMEDIATELY or within 24 hours to 701-231-6739 or ndsu.police.safety@ndsu.edu. If medical attention is required, it is imperative that you contact the Claims Specialist IMMEDIATELY or within 24 hours at 701-231-9587.**

EMPLOYEE MUST COMPLETE THESE SECTIONS

Incident/Injury/Illness/Exposure
Date: _____ Time: _____ AM PM Employee Name: _____ Employee ID #: _____
Home Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Sex: Male Female Date of Birth: _____
Department/Location: _____ Employee's Work Phone: _____
Job Title: _____ Annual Gross Salary: _____ Date Supervisor Notified: _____
Supervisor's Name: _____ Supervisor's Work Phone: _____

1. Bodily Injury Yes No 2. Specific Injury/Illness/Exposure: _____
3. Body Part(s) Affected: _____ Have you had prior injury to that body part? Yes No

Location where incident/injury/illness/exposure occurred (street, building, room, etc.): _____
What equipment, materials or chemicals caused the incident/injury/illness/exposure: _____
Witness Name: _____ Witness Phone: _____

Explain in detail how the incident/event occurred. Include specific activities/tasks performed at the time:

Date of First Medical Treatment: _____
Medical Treatment provided by: Sanford Clinic Occ Medicine Essentia Occ Health First Aid, no medical care needed
 Other: _____

Property Damage Yes No Owner's Last Name: _____ Owner's First Name: _____
Owner's Street Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
What was damaged? _____ Was state property damaged? Yes No

***Employee Signature (FAX or EMAIL this portion of this report IMMEDIATELY to 701-231-6739 or ndsu.police.safety@ndsu.edu) Today's Date**

SUPERVISOR'S INVESTIGATION AND STATEMENT (SUPERVISOR COMPLETES): after completing fax or email immediately to 231-6739 or ndsu.police.safety@ndsu.edu

After the investigation, explain in detail how the incident/injury/illness/exposure occurred and the specific activity being performed:

What was the specific injury, illness, or exposure? _____
Date employee completed Baseline Safety Training: _____

1. INITIAL CAUSE
 Struck by or against an object
 Caught in/under/between
 Fall/Slip/Trip
 Material handling or lifting
 Repetitive motion
 Chemical exposure
 Body Fluid Exposure
 Cut/Puncture
 Fire
 Animal bite
 Other - Explain:

2. CONTRIBUTING FACTORS AND ACTIVITIES
Equipment
 Equipment failure
 Improper equipment or material used for job
Personal Protective Equipment
 Not worn
 Not readily available
 Not adequate for the task
 Personal protective equipment failure
Training/Experience
 Lack of training
 Safety training provided, not followed
 New task for employee or lack of experience
Work Area
 Work area set up improperly
 Ergonomic factors
 Sanitary and housekeeping issues
 Lack of cord management

Employee
 Employee fatigue
 Unbalanced or poor position or motion
 Not paying attention
 Improper footwear for conditions
 Going too fast
 Taking short cuts
 Not aware of surroundings
 Not reporting in a timely manner
 Lack of policy/procedure
 Poor housekeeping practices
 Improper behavior and attitude
 Disregard for safety rules
 Animal (explain below)
 Other unsafe practice - Explain:

Environmental factors:
 Clear Rain Snow
 Hail Sleet Other: _____

3. PREVENTIVE ACTIONS
Supervisor: (must be completed)
 Develop/revise safety policies/procedures; and/or update plan
 Request ergonomic evaluation
 Require personal protective equipment
 Remove equipment from use and repair or replace
 Schedule preventive maintenance
 Retrain employee in proper procedures
 Require Baseline Safety Training
 Inform employee to slow down
 Address behavior and attitude
 Address employee work practices
 Maintain housekeeping and sanitary conditions
 Report adverse event to IBC
 Work Order completed
 Contact Facilities Management (ice, etc.)
 Other - Explain:

Complete 1, 2, and 3
Use Additional Pages as Needed.

Date of Investigation: _____ Date Received: _____