



PLEASE FILL IN ALL REQUIRED FIELDS. IF A FIELD DOES NOT APPLY, PLEASE USE 'N/A'.

Person completing form: Last name: _____ First name: _____ Phone: _____
Date incident occurred: _____ Time: _____ Date employer was notified: _____ Who notified? _____

PART A: COMPLETE THIS PART OF FORM FOR ALL INCIDENTS

Injured/Involved person: Last name: _____ First name: _____ EMPLID: _____
Home address (city, state, zip code): _____ Home Phone: _____
Sex: Female Male DOB: _____ Marital Status: _____ Name of parent/guardian (if under 18): _____
Injured/Involved person's relationship to MSU: Employee/Student Employee Student (non-employee) Visitor
Was injury/illness work related? Yes No Employing Department: _____
Supervisor: _____ Supervisor's email: _____ Phone: _____
Job title of injured person: _____
Address, building name, or location of incident: _____
Was the incident: Inside Outside If outside, was it: Clear Raining Snowing Other _____
Description of incident (please attach additional sheet if more room is needed):

What workplace policies and procedures in your area relate to this incident?

List all causes of incident (equipment, procedure, environment, behavior):

What could be done to prevent a reoccurrence of this incident?

Injury and illness information: No apparent injury or illness (Skip to Part C)

Slight injury or illness NOT requiring professional medical attention Injury or illness requiring professional medical attention (complete Part B)

Body part(s) injured: _____ Time lost from work (number of days and/or hours): _____

Witness(es) to incident: Name(s): _____ Phone: _____

PART B: COMPLETE THIS PART ONLY IF INJURY OR ILLNESS REQUIRED MEDICAL ATTENTION

Medical facility: _____ Physician: _____ Date of initial treatment: _____

Description of medical treatment(s): _____

PART C: COMPLETE THIS PART ONLY IF INCIDENT INVOLVED LOSS OR DAMAGE TO PROPERTY

Property/Vehicle/Equipment Loss or Damage: Please send a photo of the damaged property to Facilities Management.

What was damaged or lost? _____

Owner of damaged or lost property: _____ Was any State property lost or damaged? Yes No

Address: _____ Phone: _____

The above information on this report is accurate based on my knowledge of the incident.

Signature _____ Date _____

Route to:

Supervisor's signature _____ Date _____

_____ Date _____

Office of Safety & Security _____ Date _____

NOTIFY THE OFFICE OF SAFETY & SECURITY IMMEDIATELY (WITHIN 24 HOURS) FOR ALL INCIDENTS RESULTING IN PERSONAL INJURY

Facilities Management, 500 University Ave W, Minot, ND 58707 Phone: 701-858-3210 Fax: 701-858-3002 Email: sue.lommen@minotstateu.edu