



MSU INCIDENT REPORTING FORM

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: _____ DOB: _____
Local address (include city, state, zip code): _____ Phone: _____
Sex: ☐ Female ☐ Male Email: _____ 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: ☐ Clear ☐ Raining ☐ Snowing ☐ Other _____
Description of incident (please attach additional sheet if more room is needed): _____

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: _____ 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: What was Damaged or lost? _____
Owner of damaged or lost property: _____ Was any State property lost or damaged? ☐ Yes ☐ No
Address: _____ Phone: _____
Where can the damaged property be seen? (Attach photo if possible) _____

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

Signature _____ Date _____

Route to:
Supervisor's signature _____ Date _____

Office of Safety & Security _____ Date _____

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

Safety & Security, 500 University Ave W, Minot, ND 58707

Phone: 701-858-4016 Fax: 701-858-3002 Email: a.livingston@minotstateu.edu