

On-the-Job Injury & Illness Program

INCIDENT REPORT FORM

(for incidents involving employees, students, visitors)

This is a confidential report and should not be made a part of an employee’s personnel record. It is completed to allow us to obtain advice from legal counsel and for the protection of the university and it’s employees from potential liability. **Please print legibly.**

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:					
Full Name:				Last 4 SSN#:	
Home Address:					Gender: M F
Employee:	Full-time	Part-time	Permanent Temporary		Date of Birth:
Student:	SOM	SON	SOD	Other	Hire Date:
Visitor:					Employee Email:
				Home Phone:	
Campus address:				Campus Phone:	
Job Title:			Supervisor:		

INFORMATION ABOUT THE INCIDENT:			
Date of Incident:	Time:	Police Notified? Y N	Case #:
Location of Incident:			
Describe what happened, how it happened, factors leading to the event, substances or objects involved – be as specific as possible: <i>(Attach separate sheet if necessary).</i>			
Were there any witnesses to the incident? Y N <i>If yes, attach separate sheet with names, addresses and phone numbers, or campus departments and phone numbers.</i>			
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), part of body injured, any other info known about the resulting injury:			
Was medical treatment provided? Y N Refused			
If so, where? Emergency Room The Workplace Walk-In Clinic Other:			
Will the employee miss time from work as a result of this incident? Y N Unknown			

REPORTER INFORMATION:	
Print Name of Reporter:	Title:
Reporter Signature:	Date Report Completed:

EMPLOYEE REPORTS: Email to HRM-OJI@uab.edu or print and submit to OJI Administrator | AB 215
 VISITOR/STUDENT REPORTS: Print and submit to Risk Management | 500 Bldg Suite 504

PRINT

SUBMIT

RESET FORM