

Instructions for Reporting a Near Miss or Employee Incident/Injury

NDSU Safety Office

Complete Incident Report

Direct Link:

[Report of Near Miss/Employee Incident login page](#)

or

Select Near Miss/Employee Incident Report from the
NDSU forms page.

[NDSU Forms page](https://www.ndsu.edu/forms/) <https://www.ndsu.edu/forms/>

Form Instructions

- ▶ Enter your name and email address as well as your supervisor's name and email address.
- ▶ Any starred item is a required field and must be completed before moving forward with the form.
- ▶ Once complete, select **BEGIN SIGNING**.

Sign-In, Page View

PowerForm Signer Information

****Report of Near Miss/Employee Incident****

Please review and complete the incident report immediately or within 24 hours of the date of injury to comply with NDSU policy 166. If you have any questions regarding this form, please call the Safety Office at 701-231-9587. It is imperative that you take action immediately to meet state requirements. Fill in the name and NDSU email for each signing role listed below. NDSU email is the official means of communication for employees. Please use NDSU emails only. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Employee Name and NDSU Email Address

Your Name: *

Your Email: *

Please provide information for any other signers needed for this document.

Supervisor Name and NDSU Email Address

Name: *

Email: *

BEGIN SIGNING

Review Procedures then Start

- ▶ You will be asked to review procedures.
- ▶ Select **START** button when you are ready to begin.

Review & Start, Page View

Please review the documents below.

FINISH **FINISH LATER** **OTHER ACTIONS** ▾

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START

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NDSU UNIVERSITY POLICE AND SAFETY OFFICE
DIVISION OF FINANCE AND ADMINISTRATION

Report of Near Miss/Occupational Incident/Injury/Illness/Exposure
Questions about this form? Please call 701-231-9587

This form accommodates both **employee incident reports** and **near miss reports**.

Near Miss: a potential hazard or an unplanned event that did not result in any injury, illness, exposure or damage.

Employee Incident: any slip, trip, fall, punch, poke, bruise, strain, fire or exposure in any form. Slipping or tripping and not falling is still an incident report.

Incident Reporting Responsibilities

<u>EMPLOYEE</u>	<u>SUPERVISOR</u>
1. Report incident/event immediately to your supervisor	1. Assess the injury for first aid or medical treatment - if medical treatment is needed, send or take to the Designated Medical Provider. Notify Claims Specialist the employee is seeking medical attention.
2. Assess for first aid or medical treatment	2. Ensure employee is completing the Incident Report and all necessary Workers' Comp forms.
3. Complete the incident report immediately and submit to the Safety Office (24 hour reporting requirement)	3. Assess the event/incident for immediate hazards and
4. If you need medical care - notify the Claims Specialist	

Read & Initial Procedures

- ▶ Once you have read and understood the procedures, initial at the bottom of the screen by selecting INITIAL.
- ▶ This will bring you to the reporting form.

Review & Initial, Form View

Please review the documents below.

FINISH **FINISH LATER** **OTHER ACTIONS** ▾

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START

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

I acknowledge that I have read and understand the above information

Initial
↓

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

I acknowledge that I have read and understand the above information _____

CONTACT INFORMATION
NDSU Claims Specialist 701-231-9587
NDSU Safety Office 701-231-7759
NDSU Safety Office Email ndsu.police.safety@ndsu.edu

Reporting Form

- ▶ Begin by selecting Near Miss or Employee Incident/Illness/Exposure
- ▶ Select START when you are ready to begin.
- ▶ Once the particular format is selected only those fields necessary for the form will be required.
- ▶ Please be as complete and informative as possible.
- ▶ Continue completing the information until you get to the bottom of the page

Mandatory Form Fields to Complete

- ▶ Date
- ▶ Time, AM or PM
- ▶ Employee First Name and Employee Last Name
- ▶ Employee's Department/Location
- ▶ Employee Email
- ▶ Employee's Work Phone
- ▶ Job Title
- ▶ Supervisor First Name and Supervisor Last Name
- ▶ Supervisor's Work Phone
- ▶ Date Supervisor Notified

Mandatory Fields, continued

- ▶ Specific location of near miss/incident/injury/illness/exposure (street/building/room, etc.)
- ▶ What equipment, materials, or chemicals involved in the near miss/incident/injury/illness/exposure
- ▶ Explain in detail the near miss or how the incident/event occurred. Include specific activities/tasks performed at the time.
- ▶ There is an option to attach more information (documents, photos) at the bottom right of the form.

Form View of Mandatory Fields

Select the initial field to create and add your initials. FINISH FINISH LATER OTHER ACTIONS ▾

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NDSU UNIVERSITY POLICE AND SAFETY OFFICE
DIVISION OF FINANCE AND ADMINISTRATION

Report of Near Miss/Occupational Incident/Injury/Illness/Exposure
Questions about this form? Please call 701-231-9587

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.

If medical attention is required, it is imperative that you contact the Claims Specialist IMMEDIATELY or within 24 hours at 701-231-9587.

Are you reporting a Near Miss Employee Incident/Illness/Exposure

EMPLOYEE MUST COMPLETE THESE SECTIONS

Incident/Injury/Illness/Exposure

Date: Time: AM PM Employee ID #:

Employee First Name: Employee Last Name:

Home Address:

City: State: Zip:

Cell/Home Phone: Sex: Male Female Date of Birth:

Employee's Department/Location:

Employee Email: Employee's Work Phone:

Job Title:

Mandatory Fields, Form View cont'd.

Select the initial field to create and add your initials. **FINISH** **FINISH LATER** **OTHER ACTIONS** ▾

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NEXT

Job Title: _____

Supervisor First Name: _____ Supervisor Last Name: _____

Supervisor's Work Phone: _____ Date Supervisor Notified: _____

Bodily Injury Yes No

Specific Injury/Illness/Exposure: (sprain, strain, cut, bruise) _____

Body Part(s) Affected: _____ Right Left N/A

Have you had prior injury to that body part? Yes No

Specific location of near miss/incident/injury/illness/exposure (street, building, room, etc.): _____

What equipment, materials or chemicals involved in the near miss/incident/injury/illness/exposure: _____

Witness Name: _____ Witness Phone: _____

Check all that apply
 Unsafe Condition Unsafe Equipment Unsafe Use of Equipment Unsafe Act/Behavior Other _____

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

If more room is needed to provide additional detail for the explanation, please attach a separate document in the "Attachments" section on page 3.

Date of First Medical Treatment: _____

Medical Treatment provided by:
 Sanford Clinic Occ Medicine Essentia Occ Health Self-care/First Aid No medical care beyond first aid 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

UPSO-IncidentReport - REV 11/10/2020 Page 2 of 3

NEXT

Sign & Finish

- ▶ You will then need to SIGN and select FINISH.
- ▶ This will prompt an email to the supervisor to complete the supervisor's section.

Sign & Finish, Form View

Select the initial field to create and add your initials.

FINISH **FINISH LATER** **OTHER ACTIONS** ▾

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NEXT

Loose handrails Hail Other _____


Chipped tile or loose carpet/rug

3 foot clearance in front of electrical panel

Lack of Safety Data Sheets

Preventative Actions were completed by Supervisor: (Must be completed)

Develop/revise safety policies/procedures and/or update plan Address attitude and behavior

Request [Ergonomic Assessment](#) 

Require personal protective equipment Address employee work practices

Remove equipment from use and repair or repair or replace Maintain housekeeping and sanitary conditions

Schedule preventative maintenance Work Order completed

Retrain employee in proper procedures Report adverse event to IBC

Require Baseline Safety Training Contact Facilities Management 231-7911 (ice, etc)

Inform employee to slow down Other (explain)

Date of Investigation: _____

Sign


Employee Signature _____ Date

Supervisor or Manager Signature _____ Date

NDSU Claims Management Specialist _____ Date

UPS0-IncidentReport - REV 11/10/2020 Page 3 of 3

Attachments: (photos, witness statements, additional documents, etc.)

 Optional

Supervisor Procedures

- ▶ Supervisor will be asked to review procedures.
- ▶ Select START button when you are ready to begin.

Supervisor Review

- ▶ Once you have read and understood the procedures, initial at the bottom of the screen by selecting INITIAL.
- ▶ This brings you to the reporting section for the supervisor.

Page View of Supervisor Form

Please review the documents below.

FINISH **FINISH LATER** **OTHER ACTIONS** ▾

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START

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NDSU UNIVERSITY POLICE AND SAFETY OFFICE
DIVISION OF FINANCE AND ADMINISTRATION

Report of Near Miss/Occupational Incident/Injury/Illness/Exposure
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Employee Incident: any slip, trip, fall, punch, poke, bruise, strain, fire or exposure in any form. Slipping or tripping and not falling is still an incident report.

Incident Reporting Responsibilities

<u>EMPLOYEE</u>	<u>SUPERVISOR</u>
<ol style="list-style-type: none">1. Report incident/event immediately to your supervisor2. Assess for first aid or medical treatment3. Complete the incident report immediately and submit to the Safety Office (24 hour reporting requirement)4. If you need medical care - notify the Claims Specialist	<ol style="list-style-type: none">1. Assess the injury for first aid or medical treatment - if medical treatment is needed, send or take to the Designated Medical Provider. Notify Claims Specialist the employee is seeking medical attention.2. Ensure employee is completing the Incident Report and all necessary Workers' Comp forms.

Supervisor Start Page

- ▶ Begin by selecting Near Miss or Employee Incident/Illness/Exposure.
- ▶ Once the particular format is selected only those fields necessary for the form will be required.
- ▶ Please be complete and informative as possible.
- ▶ Determine the primary and contributing causes of the incident and be sure to select the applicable comments or type specific comments.
- ▶ There is an option to attach more information (documents, photos) at the bottom right of the form.
- ▶ You will then need to SIGN and select FINISH.

Supervisor Start Page, Form View

Select the initial field to create and add your initials. **FINISH** FINISH LATER OTHER ACTIONS ▾

NDSU UNIVERSITY POLICE AND SAFETY OFFICE
DIVISION OF FINANCE AND ADMINISTRATION

Report of Near Miss/Occupational Incident/Injury/Illness/Exposure

Questions about this form? Please call 701-231-9587

SUPERVISOR'S INVESTIGATION AND STATEMENT (SUPERVISOR COMPLETES):

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.

Are you reporting a Near Miss Employee Incident/Illness/Exposure

After the investigation, explain in detail the near miss or how the incident/injury/illness/exposure occurred, the specific activity being performed, root cause of the near miss or incident and how it is being addressed: *If more room is needed to provide additional detail for the explanation, please attach a separate document in the "Attachments" section on page 3.

What was the specific injury, illness, or exposure? _____

Date employee completed Baseline Safety Training: _____

Supervisor is required to select all that apply before submitting.

Initial cause:	Contributing factors and activities: (check all that apply)	Employee
<input type="checkbox"/> Struck by or against an object	Equipment	<input type="checkbox"/> Employee fatigue
<input type="checkbox"/> Caught in/under/between	<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Unbalanced or poor position or motion
<input type="checkbox"/> Fall/Slip/Trip	<input type="checkbox"/> Improper equipment or material used for job	<input type="checkbox"/> Not paying attention
<input type="checkbox"/> Material handling or lifting	<input type="checkbox"/> Guard removed from equipment	<input type="checkbox"/> Improper footwear for conditions
<input type="checkbox"/> Repetitive motion	Personal Protective Equipment	<input type="checkbox"/> Going too fast
<input type="checkbox"/> Chemical exposure	<input type="checkbox"/> Not worn	<input type="checkbox"/> Taking short cuts
<input type="checkbox"/> Body Fluid Exposure	<input type="checkbox"/> Not readily available	<input type="checkbox"/> Not aware of surroundings
<input type="checkbox"/> Cut/Puncture	<input type="checkbox"/> Not adequate for the task	<input type="checkbox"/> Not reporting in a timely manner
<input type="checkbox"/> Fire	<input type="checkbox"/> Personal protective equipment failure	<input type="checkbox"/> Lack of policy/procedure
<input type="checkbox"/> Animal bite	Training/Experience	<input type="checkbox"/> Poor housekeeping practices
<input type="checkbox"/> Other - Explain: _____	<input type="checkbox"/> Lack of training	<input type="checkbox"/> Improper behavior and attitude
	<input type="checkbox"/> Failure to follow procedures	<input type="checkbox"/> Disregard for safety rules
	<input type="checkbox"/> New task for employee or lack of experience	<input type="checkbox"/> Animal (explain) _____
	<input type="checkbox"/> Incomplete Safe Operating Procedure	<input type="checkbox"/> Other unsafe practice (explain): _____
	<input type="checkbox"/> Outdated Safe Operating Procedure	
	Work Area	
	<input type="checkbox"/> Work area set up improperly	
	<input type="checkbox"/> Ergonomic factors	
	<input type="checkbox"/> Sanitary and housekeeping issues	Environmental Factors
	<input type="checkbox"/> Lack of cord management	<input type="checkbox"/> Clear <input type="checkbox"/> Sleet
	<input type="checkbox"/> Ice or wet conditions	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
	<input type="checkbox"/> Loose handrails	<input type="checkbox"/> Hail <input type="checkbox"/> Other _____
	<input type="checkbox"/> Chipped tile or loose carpet/rug	
	<input type="checkbox"/> 3 foot clearance in front of electrical panel	
	<input type="checkbox"/> Lack of Safety Data Sheets	

Preventative Actions were completed by Supervisor: (Must be completed)

<input type="checkbox"/> Develop/revise safety policies/procedures and/or update plan	<input type="checkbox"/> Address attitude and behavior
<input type="checkbox"/> Request Ergonomic Assessment	<input type="checkbox"/> Address employee work practices
<input type="checkbox"/> Require personal protective equipment	<input type="checkbox"/> Maintain housekeeping and sanitary conditions
<input type="checkbox"/> Remove equipment from use and repair or repair or replace	<input type="checkbox"/> Work Order completed
<input type="checkbox"/> Schedule preventative maintenance	<input type="checkbox"/> Report adverse event to IBC
<input type="checkbox"/> Retrain employee in proper procedures	<input type="checkbox"/> Contact Facilities Management 231-7911 (ice, etc)
<input type="checkbox"/> Require Baseline Safety Training	<input type="checkbox"/> Other (explain)

Supervisor Initial & Finish, Form View

Select the initial field to create and add your initials. **FINISH** FINISH LATER OTHER ACTIONS ▾

NEXT

- Remove equipment from use and repair or repair or replace
- Schedule preventative maintenance
- Retrain employee in proper procedures
- Require Baseline Safety Training
- Inform employee to slow down

Date of Investigation: _____

Sign
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Employee Signature _____ Date 12/15/2020

Supervisor or Manager Signature _____ Date _____

NDSU Claims Management Specialist _____ Date _____

UPS0-IncidentReport - REV 11/10/2020 **Page 3 of 3**

UPS0-IncidentReport.pdf 3 of 3

Attachments: (photos, witness statements, additional documents, etc.)

Optional

FINISH

Questions?

Contact:

NDSU Claims Specialist 701-231-9587

NDSU Safety Office 701-231-7759

NDSU Safety Office Email ndsu.police.safety@ndsu.edu