Individual Report of Incident

Weber State University
3850 Dixon Parkway Dept 1016
Ogden, UT 84408-1016
Phone: 801-626-6184
Fax: 801-626-6925

Please complete and return to HR Dept 1016
Reports should be turned in within 24 hours of the incident.

Employee Information

1. Last Name, First Name, Middle

2. Social Security Number

3. Home Address

4. W#

5. City, State, Zip Code

6. Home/Cell Phone

7. Date of Birth

8. Gender
☐ Male ☐ Female

9. Work Phone

10. Employment Type
☐ Hourly
☐ Contract
☐ Other: _____

11. Employment Status
☐ Full Time ☐ Part Time
☐ Seasonal ☐ Volunteer
☐ Other: _____

12. Job Title

13. Date Hired

14. Wage Rate
$_____ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Annual ☐ Other: _____

15. Hours per Week

16. Department

17. Supervisor

18. Supervisor's Phone

Incident and Injury Information

19. Date of Incident

20. Time of Incident

21. Time Shift Began

22. Date Incident Reported

23. How Did the Incident Occur? *(Please describe in detail)*

24. Parts of Body Injured and Type of Injury *(Please be specific)* ☐ Left ☐ Right ☐ Bilateral

25. Has this part of the body ever been injured before? *(If yes, please describe in the space below)*
☐ No ☐ Yes ➔ Date of Previous Injury:_____
Describe previous injury:

26. Was safety equipment provided? ☐ Yes ☐ No If yes, was it used? ☐ Yes ☐ No
Please describe:

27. Location where incident occurred

28. Witnesses: Names & Phone Numbers

29. Medical Treatment
☐ No Treatment Received *(Skip to question 34)*

Date Treatment Received: _____
☐ On-site treatment ☐ Emergency Room
☐ IHC WorkMed ☐ Hospitalization
☐ Other: _____ *(answer questions 30-33)*

30. Physician Name

31. Telephone

32. Clinic/Hospital Name

33. Address

34. What can be done to prevent future incidents of this type?

35. Employee's Signature

Date

_____ _____

Be Careful Out There
www.weber.edu/ehs

Revised: 9/3/2020