Oregon Institute of Technology
EMPLOYEE INCIDENT REPORT FORM

NOTE: THIS REPORT DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY BY OIT.

Incident Type: Injury ☐ Illness ☐ First Aid Only ☐ Medical Treatment i.e. Doctor ☐ Yes ☐ No	
Incident Date:	Incident Time:: AM ☐ PM ☐
Last Name:	First Name:
Incident Location:	Job Title:
Witness Name/Title:	Witness Name/Title:

Nature of Injury			**Part of Body Injured**		
☐ Abrasion	☐ Cut	☐ Scratch	☐ Abdomen	☐ Face	☐ Leg
☐ Amputation	☐ Dislocation	☐ Shock	☐ Ankle	☐ Finger	☐ Mouth
☐ Asphyxiation	☐ Fracture	☐ Sprain	☐ Back	☐ Foot	☐ Nose
☐ Bite	☐ Laceration	☐ Splinter	☐ Chest	☐ Forearm	☐ Shoulder
☐ Bruise	☐ Poisoning	☐ Strain	☐ Ear	☐ Hand	☐ Teeth
☐ Burn	☐ Puncture	☐ Scratch	☐ Elbow	☐ Head	☐ Wrist
☐ Concussion	☐ Repetitive Stress Injury		☐ Eye	☐ Knee	

- What was the employee doing just before the incident occurred?

- What happened? (List specific acts by individuals or conditions that led to the incident)

- Was personal protective equipment used? ☐ Yes ☐ NO

- What corrective action can be taken to prevent a recurrence? **(To be Completed by Supervisor)**

<u>Unsafe Conditions</u> (To be Completed by Supervisor)	**<u>Unsafe Work Practices</u>(To be Completed by Supervisor)**
☐ Tool/Equipment Broke	☐ Working on Moving Equipment
☐ Defective Machinery	☐ Improper Use of Equipment
☐ Unsafe Clothing	☐ Working at Unsafe Speed
☐ Poor Housekeeping	☐ Failure to Wear PPE
☐ Unsafe Walking Surface	☐ Failure to Lockout/Tagout or Block
☐ Improper Lighting	☐ Horseplay
☐ Inadequate Guarding	☐ Use/Operation without Authorization
☐ Improper Ventilation	☐ Inattention to surroundings/Conditions
☐ Environment/Infectious Fluids	☐ Failure to get Assistance

Signature Employee:	Date: / /
Signature Supervisor:	Date: / /
Signature Risk Manager:	Date: / /

Routing: **Risk Management**

SLH 10-2010