NCSU Supervisor's First Report of Incident

The Supervisor must complete this form for any work related Injury, Illness, First-Aid, or Near-Miss incident.

Instructions: **All sections of this form must be completed and signed by the Supervisor**

- ✓ Print or Type to complete all sections of the form. You may also complete the form online.
- ✓ If a question does not apply, enter "NA" or "Not Applicable"
- ✓ **Return the completed and signed forms to BOTH:**
  - o **Workers' Comp**
    Email: WorkersComp@ncsu.edu
    -or- Campus Box 7215
    -or- fax: 888-317-2890

AND

  - o **Environmental Health & Safety**
    Email: AccidentReport@ncsu.edu
    - or- Occupational Safety, Campus Box 8007,
    - or- fax 919-515-6307

In addition to this form, Supervisors reporting employee injuries must also submit

- ✓ Supervisor's Medical Treatment Authorization Form
- ✓ Employee's Statement Form
- ✓ Employee's Use of Leave Options Form

Forms are available at
https://ehs.ncsu.edu/accident-reporting/ and
https://benefits.hr.ncsu.edu/workers-compensation/

Refer to the Incident Report Forms Flowchart for forms assistance.

SECTION I

Information About the Employee

1) Full Name: _____

2) Job Title:_____ ☐ EHRA ☐ SHRA ☐ Temporary

3) Division / College:_____ Department _____

4) Employee Identification Number:_____ *This number is found on the front of employee's University ID badge.*

5) Home Address: _____

City:_____ State:_____ Zip:_____ County: _____

6) Phone (work):_____ Phone (home): _____

7) Date of Birth:_____ Age:_____ Gender: ☐ Male ☐ Female

8) Hire Date:_____ ☐Full Time (Regular) ☐Part Time ☐ Temporary

9) Supervisor's Name:_____ Personnel Representative: _____

Supervisor's Phone Number: _____ Representative's Phone Number: _____

Supervisor's Email:_____ Representative's Email: _____

SECTION II

Information About the Incident

10) Did the employee:

- ☐ See a doctor, nurse, or nurse practitioner
- ☐ Receive First Aid..... ☐ at work or ☐ at a medical facility
- ☐ Experience a Near-Miss..... (Returned to work with no injury or treatment)

11) Date of Incident:_____ Time of incident:_____ ☐ AM ☐ PM ☐ time cannot be determined

12) Date Supervisor informed of Incident:_____(mm/dd/yyyy)

13) Time employee began work:_____ ☐ AM ☐ PM

14) Did the employee lose consciousness?..... ☐ Yes ☐ No If (Yes, Call 919-515-5445, leave message.)

15) Was employee treated in an emergency room?..... ☐ Yes ☐ No If (Yes, Call 919-515-5445, leave message.)

16) Was employee hospitalized overnight as an in-patient?... ☐ Yes ☐ No If (Yes, Call 919-515-5445, leave message.)

17) Was any body part amputated (including a fingertip)?..... ☐ Yes ☐ No If (Yes, Call 919-515-5445, leave message.)

18) Did the employee lose an eye?..... ☐ Yes ☐ No If (Yes, Call 919-515-5445, leave message.)

19) Did the incident involve exposure to infectious agents, human blood, or recombinant or synthetic nucleic acid molecules?..... ☐ Yes ☐ No If (Yes, Call 919-515-5445, leave message.)

20) If the incident involved a mammal bite, had the animal been vaccinated for rabies?..... ■ Yes ☐ No Unknown

If No, has a rabies test been initiated?... ☐ Yes ■ No ☐ Unknown

21) Did the incident involve a chemical or radiological exposure? ☐ Yes ☐ No

If Yes, list chemicals/products _____

22) **Tell us where the incident occurred.** Campus Building:_____ Room No.: _____

If not a campus building or room, then be specific about location. Examples: (Administrative Services parking lot, Field lab nameand location, Highway or Intersection, street address. Include City, County, and State.)

Location: _____

City/Town:_____ County:_____ State: _____

23) What happened?

Tell us how the injury or illness occurred. Examples: "When ladder slipped on wet floor, employee fell 4 feet," "Grate slipped out of place when stepped on," "Employee developed wrist soreness over time," "Employee slipped on ice," "Employee tripped on step."

24) What was the employee doing just before the incident occurred?

Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials," "spraying cleaner from a hand sprayer," "daily computer entry," "walking down stairs."

25) What was the injury or illness?

Tell us the part of the body that was affected and how it was affected. Don't use "hurt, pain, sore..." Indicate side of the body. Examples: "strained lower left back," "chemical burn to right wrist," "Left hand and arm repetitive strain," burned right palm"

26) What object or substance directly harmed the employee?

Examples: "concrete floor," "computer keyboard," "cleaning chemical," "radial arm saw," "vehicle component," "ice or snow"

SECTION III

Information About the Medical Professional, Treatment Provided, and Work Restrictions

(Include a copy of the completed Supervisor's Medical Treatment Authorization form)

27) Name of treating physician or health care provider:

28) If treatment was given by a medical provider, where was it given?

Hospital or Clinic Name _____

Street _____

_____

City:_____State:_____Zip: _____

Medical Provider's Phone Number: _____

29) **Did the physician or medical professional direct the employee to stay home from work, due to the injury, after the date of injury?** ☐ Yes ☐ No ☐ Too early to determine

What date was the employee directed to return to work, if given_____(MM/DD/YYYY)

What date was the employee directed to have a follow up medical visit, if directed_____(MM/DD/YYYY)

30) Did the physician or medical professional direct the employee to restrict his or her work activities after thedate of injury ☐Yes ☐ No ☐ Too early to determine

31) What restrictions did the medical professional direct?
(Examples: Limit lifting more than 20 lbs, no reaching with right arm, frequent breaks, no squatting or climbing, etc.)

Is the unit able to accommodate the restrictions? ___ YES, the employee can work with the prescribed restrictions

___ NO, there is no work available and the employee must use leave

32) **Describe the routine job functions (activities done at least once a week) affected by the work restriction(s).**
(Examples: "Employee routinely lifts packages and equipment heavier than 20, lbs." "Employee must type with one hand." "Employee's job involves walking most of the time." "Employee does not routinely squat or climb."

What date was the employee directed to return to unrestricted work, if given:_____(MM/DD/YYYY)

What date was the employee directed to have a follow up medical visit, if directed_____(MM/DD/YYYY)

Notify the Leave Administration Unit at 919-513-0106 if there is any medical treatment or any lost or restricted days as soon as possible. Leave Administration must receive notice within 24 hours after the injury.

SECTION IV

Supervisor's Incident Investigation

The Supervisor shall investigate to determine the causes of the incident and to develop a corrective action plan. For assistance, contact: EHS 919-515-7915, **Accidentreport@ncsu.edu**,

33) **Contributing Factors:** Describe the events or conditions that contributed to the incident. *Examples: used improper equipment, inadequate training, inadequate procedure, equipment in poor condition, ice on steps, guard removed, bricks missing, chemical splashed in face, no Personal Protective Equipment (PPE), not covered in PM, object too heavy, poor housekeeping, rushing to complete task. Avoid generic statements like "not paying attention" or "not aware of surroundings." List several factors.*

34) **Causes:** *Describe how the factors led to the incident. Examples: Rushing to complete task and lifted too much weight causing back strain; water on floor leading to slip/fall; employee not properly trained on the task; ice cleats left in truck so employee had to walk to truck without them. List several causes.*

35) **Actions Taken and Preventative Measures to Prevent a Similar Incident:** *Actions to be taken such as improved or additional engineering controls, purchasing controls, training, work procedures. Look for system, equipment and people issues. Select issues early in the process. Select actions that will affect as many people as possible. Find multiple ways to address the causes. Examples: remove wheeled chairs from break area, install raised matting on wet floor areas, switch to less corrosive chemical, train all employees on proper lifting, provide extra ice cleats for office and service vehicle, put sand buckets near main entrance prior to ice events, provide extra event staffing so employees don't rushing through tasks.*

36) Additional Comments:

I have read this report and I have accurately reported the information obtained from the investigation performed at this time. Should I receive additional information I will notify EH&S and Leave Administration.

Supervisor's Signature:_____ Date: _____