HOFSTRA UNIVERSITY **OFFICE OF HUMAN RESOURCES** **INCIDENT REPORT**

EMPLOYEE

Employee Name	HOFID	Phone (Work)
Home Address (Street, City, State, ZIP)		Phone (Home)
Job Title	Scheduled Start Time AM PM	Scheduled End Time AM PM

Date of Hire	Date of Birth	Sex M F	Supervisor	Department

Date of Incident	Date Reported to Supv.	Time of Incident AM PM	Location of Incident (Blding Name, Rm No., etc)

Check at least one item in each of the four categories

INJURY/ILLNESS
- ☐ Abrasion
- ☐ Amputation
- ☐ Bruise, contusion
- ☐ Burn
- ☐ Crushing injury
- ☐ Cut, puncture
- ☐ Dermatitis
- ☐ Fracture
- ☐ Hearing
- ☐ Shock, electrical
- ☐ Sprain, strain
- ☐ Multiple (Describe in Incident section)
- ☐ Other (Describe in Incident section)

PART OF BODY
- ☐ Abdomen
- ☐ Arm *Left Right*
- ☐ Back *Upper Lower*
- ☐ Chest/Shoulder
- ☐ Ear *Left Right*
- ☐ Eye *Left Right*
- ☐ Finger *Specify*
- ☐ Foot *Left Right*
- ☐ Hand *Left Right*
- ☐ Head
- ☐ Internal
- ☐ Leg *Left Right*
- ☐ Neck
- ☐ Nose
- ☐ Mouth
- ☐ Toe *Specify*
- ☐ Wrist *Left Right*
- ☐ Multiple (Describe in Incident section)
- ☐ Other (Describe in Incident section)

NATURE OF INJURY
- ☐ Bodily Motion
- ☐ Building
- ☐ Chemical
- ☐ Electrical
- ☐ Machine
- ☐ Material handling
- ☐ Stairs, ladder
- ☐ Tool
- ☐ Walking surface
- ☐ Work surface
- ☐ Unknown
- ☐ Other (Describe in Incident section)

ACCIDENT TYPE
- ☐ Absorption, inhalation, ingestion of toxins (Circle one)
- ☐ Bodily reaction
- ☐ Caught in, under, between
- ☐ Contact w/electrical
- ☐ Contact w/temp. extreme
- ☐ Fall from elevation
- ☐ Slip / Trip / Fall
- ☐ Motor vehicle
- ☐ Rubbed, abraded, lacerated
- ☐ Struck against
- ☐ Struck by
- ☐ Unknown
- ☐ Other (Describe in Incident section)

CHECK IF APPLICABLE
- ☐ Bypassing safety devices
- ☐ Distraction, inattention
- ☐ Failure to secure or warn
- ☐ Failure to wear protective equipment
- ☐ Failure to wear proper attire
- ☐ Horseplay
- ☐ Improper use of body
- ☐ Improper use of equipment, tools
- ☐ Inadequate maintenance
- ☐ Incorrect lifting, carrying
- ☐ Operating at unsafe speed
- ☐ Operating without authority
- ☐ Poor housekeeping
- ☐ Taking unsafe position
- ☐ Unstable loading, stacking
- ☐ Using defective equipment, tools
- ☐ Working on live equipment
- ☐ Other (Describe in Incident section)

INCIDENT

Description (*How did the incident occur? What was the activity and any tools, equipment or materials employee was using?)*

Witnesses' Names(s) & Cell Phone Number	Medical Treatment Received and by Whom *(if applicable)*
To Whom was this Incident Reported	Is This a New Injury? (If no, what is the date of the original injury?)

Certification (By signing this form the employee certifies that the information provided is true and correct to the best of his/her knowledge) Employee's Signature Date	Supervisor's Signature Date

Supervisor: If Public Safety Incident Report already exists, do not complete this form. See reverse for complete instructions.

INSTRUCTIONS FOR COMPLETING THE INCIDENT REPORT

- This form is to be completed by the Administrator supervising the affected employee. If a Public Safety Incident Report already exists, DO NOT COMPLETE THIS FORM. Instead, send the Public Safety Incident Report to Human Resources as instructed below.
- The Administrator should forward the completed Human Resources or Public Safety Incident Report, as applicable, within 24 hours of notification of incident to Human Resources, Subject: Incident Report via email (benefits@hofstra.edu) or fax (516-463-6457)
- Supervisors are responsible for following up to address any safety issues that may exist. To the extent applicable, contact the Plant Department at (516) 463-6619 to initiate a work order to fix or correct any condition.
- If the employee is not available to sign form, indicate "not available" in the employee signature box.
- Questions about the completion of this form should be directed to benefits@hofstra.edu.