



University of Alaska Fairbanks Facilities Services Incident Report

SECTION I: EMPLOYEE INFORMATION (completed by employee)

Name _____ Sex (M/F) _____ Date of Birth _____
(Last, First, MI)

Home Address _____ Home Phone _____

UAF Employee Number _____ Date Employed _____ Supervisor's Name _____

Job Title _____
(Regular job title, even though doing another job at time of incident)

Department _____ Work Phone _____
(Assigned department, even though working in another department at time of incident)

SECTION II: INCIDENT (completed by employee)

Job title at time of incident _____ Experience in this job _____

Department where incident occurred _____ On company premises? Yes ___ No ___

Exact location of incident _____

How did the incident occur? Describe events that resulted in incident. What happened? How did it happen? What were you doing? (Be specific)

Describe injury/illness in detail. Indicate body part(s) affected. (Examples: Twisted left knee with excessive swelling, cut right index finger, etc)

Name the object/substance that directly injured employee. (Examples: lathe, chlorine gas, 50 pound box, etc.)

List all PPE In Use _____

Name(s) of witness(es) _____

Severity of injury (Circle One): None First Aid Medical Treatment

Date of incident _____ Time _____ : _____ AM ___ PM Date employer knew of accident _____

Additional Employee Comments:

Forward to supervisor for completion of section III (continued on reverse side)

