



University of Alaska Fairbanks
Facilities Services
Incident Report

SECTION I: EMPLOYEE INFORMATION (completed by employee)

Name (Last, First, MI) Sex (M/F) Date of Birth
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)
[Blank lines for description]

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

Name the object/substance that directly injured employee. (Examples: lathe, chlorine gas, 50 pound box, etc.)
[Blank lines for description]

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:
[Blank lines for comments]

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

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**SECTION III: SUPERVISOR'S REPORT OF INCIDENT** (completed by employee's supervisor)

When were you notified of injury/illness? Date \_\_\_\_\_ Time \_\_\_\_\_:\_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Do you agree with the employee's incident information on side one?  Yes  No (provide comments below)

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What could have been done to prevent this accident? \_\_\_\_\_

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What action have you taken to avoid any reoccurrence? \_\_\_\_\_

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Supervisor's name \_\_\_\_\_ Shop/Department \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

***Forward to Safety Officer for Incident Investigation***

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**SECTION IV: INVESTIGATION** (completed by Safety Officer)

Background Information of Incident (provided by employee) validated  Yes  No (If no, provide comments \_\_\_\_\_)

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Account of Accident (what happened-sequence of events, extent of damage, type of accident/hazard, agency or source of energy/hazardous material. etc.)

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Analysis of Accident (How/Why-Direct, indirect, and basic causes) \_\_\_\_\_

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Recommendations to Prevent a Recurrence \_\_\_\_\_

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Safety Officer Name \_\_\_\_\_

Safety Officer Signature \_\_\_\_\_ Date \_\_\_\_\_