Instructions for Reporting a Near Miss or Employee Incident/Injury

NDSU Safety Office

Complete Incident Report

Direct Link:

Report of Near Miss/Employee Incident login page

or

Select Near Miss/Employee Incident Report from the NDSU forms page.

NDSU Forms page https://www.ndsu.edu/forms/

Form Instructions

Enter your name and email address as well as your supervisor's name and email address.

► Any starred item is a required field and must be completed before moving forward with the form.

Once complete, select BEGIN SIGNING.

Sign-In, Page View

PowerForm Signer Information

Report of Near Miss/Employee Incident

Please review and complete the incident report immediately or within 24 hours of the date of injury to comply with NDSU policy 166. If you have any questions regarding this form, please call the Safety Office at 701-231-9587. It is imperative that you take action immediately to meet state requirements. Fill in the name and NDSU email for each signing role listed below. NDSU email is the official means of communication for employees. Please use NDSU emails only. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Employee Name and NDSU Email Address

Full Nam	8	
our Ema	i: *	
Email Ad	dress	
igners ne	vide information for any other eded for this document.	
igners ne	eded for this document.	
igners ne	eded for this document. or Name and NDSU Email Address	
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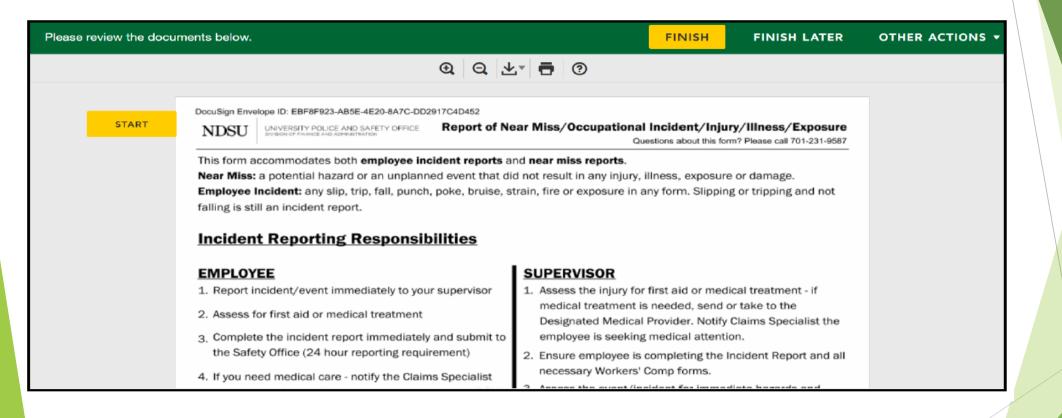
BEGIN SIGNING

Review Procedures then Start

You will be asked to review procedures.

Select START button when you are ready to begin.

Review & Start, Page View

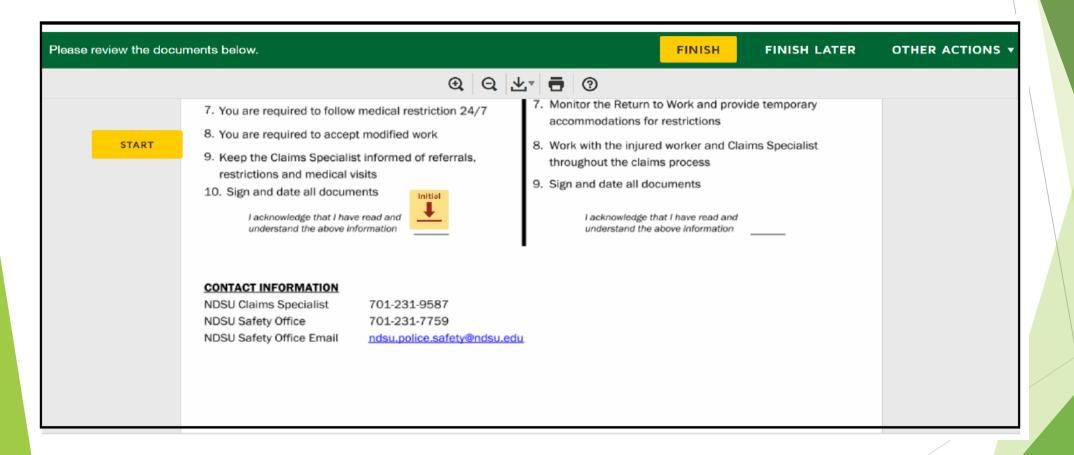


Read & Initial Procedures

Once you have read and understood the procedures, initial at the bottom of the screen by selecting INITIAL.

This will bring you to the reporting form.

Review & Initial, Form View



Reporting Form

- Begin by selecting <u>Near Miss</u> or <u>Employee Incident/IIIness/Exposure</u>
- Select START when you are ready to begin.
- Once the particular format is selected only those fields necessary for the form will be required.
- ▶ Please be as complete and informative as possible.
- Continue completing the information until you get to the bottom of the page

Mandatory Form Fields to Complete

- Date
- Time, AM or PM
- Employee First Name and Employee Last Name
- Employee's Department/Location
- Employee Email
- Employee's Work Phone
- Job Title
- Supervisor First Name and Supervisor Last Name
- Supervisor's Work Phone
- Date Supervisor Notified

Mandatory Fields, continued

- Specific location of near miss/incident/injury/illness/exposure (street/building/room, etc.)
- What equipment, materials, or chemicals involved in the near miss/incident/injury/illness/exposure
- Explain in detail the near miss or how the incident/event occurred. Include specific activities/tasks performed at the time.
- ► There is an option to attach more information (documents, photos) at the bottom right of the form.

Form View of Mandatory Fields

Select the initial field to	create and add your initials.	FINISH	FINISH LATER	OTHER ACTIONS •
	@ ⊖ ± ⊕ ③			
NEXT	DocuSign Envelope ID: 985926E6-F450-44F2-8DA0-C18EA5AD22A8 NDSU UNIVERSITY POLICE AND SAFETY OFFICE Report of Near Miss/Occupational Qu University Policy requires that an Occupational Incident/Injury/Illness/Exposure by reported to ND R occurrence and State Regulations require that all events be investigated. Omission of information of If medical attention is required, it is imperative that you contact the Claims Specialist IMMEDIATELY Are you reporting a Near Miss Employee Incident/Illness/Exposure EMPLOYEE MUST COMPLETE THESE SECTIONS Incident/Injury/Illness/Exposure Date: Time: AM PM Employee ID #: Employee First Name: Employee Last Name: Home Address:	estions about this for this Management would result in a delate or within 24 hours	m? Please call 701-231-9587 within 24 hours of my of benefits.	
	Imployee Email: Employee Job Title:	e's Work Phone:		

Mandatory Fields, Form View cont'd.

Select the initial field to	create and add your initials. FINISH FINISH LATER	OTHER ACTIONS •
	@ Q ⊻▼ 🖶 ③	
NEXT	Supervisor First Name: Supervisor's Work Phone: Date Supervisor Notified:	
	Bodily Injury	
NEXT	Date of First Medical Treatment: Medical Treatment provided by: C Sanford Clinic Occ Medicine C Essentia Occ Health C Self-care/First Aid No medical care beyond first aid needed Other: Property Damage Yes No Owner's First Name: Owner's Street Address: City: State: Zip: Phone #: What was damaged? Was state property damaged? Page 2 of 3	

Sign & Finish

▶ You will then need to SIGN and select FINISH.

► This will prompt an email to the supervisor to complete the supervisor's section.

Sign & Finish, Form View

Select the initial field to	create and add your initials.						FINISH	FINISH LATER	OTHER ACTIONS •
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NEXT		res and/or update pi	ront of el Sheets e comple lan	eted) ((((((((((((((((((Address attitu Address emp Maintain hou Work Order c Report adven Contact Facil	loyee work p isekeeping a ompleted se event to li ities Manage	oractices and sanitary condit BC ement 231-7911 (
	UPS0-IncidentReport - REV 11/10/2020							Page 3 of 3	

Supervisor Procedures

► Supervisor will be asked to review procedures.

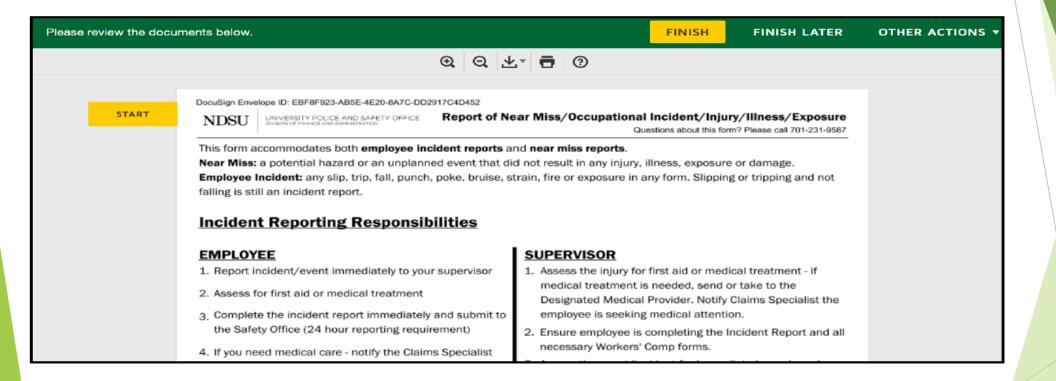
► Select START button when you are ready to begin.

Supervisor Review

Once you have read and understood the procedures, initial at the bottom of the screen by selecting INITIAL.

This brings you to the reporting section for the supervisor.

Page View of Supervisor Form



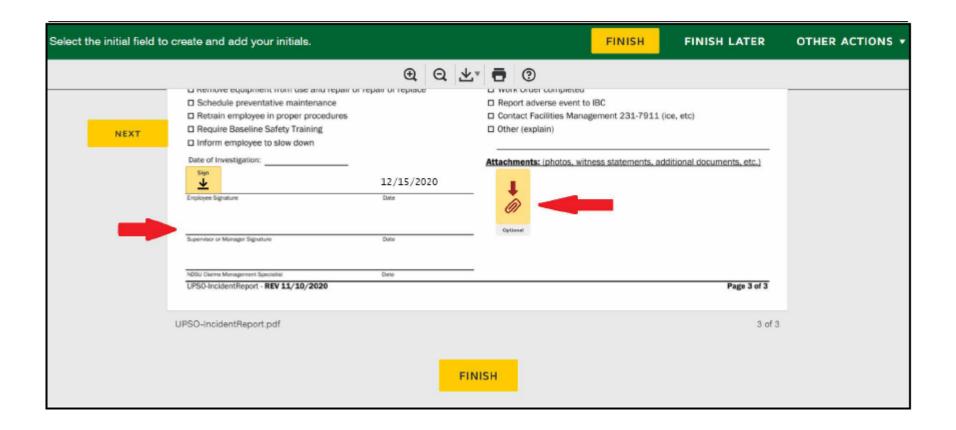
Supervisor Start Page

- Begin by selecting <u>Near Miss</u> or <u>Employee Incident/IIIness/Exposure</u>.
- Once the particular format is selected only those fields necessary for the form will be required.
- ▶ Please be complete and informative as possible.
- ▶ Determine the primary and contributing causes of the incident and be sure to select the applicable comments or type specific comments.
- ► There is an option to attach more information (documents, photos) at the bottom right of the form.
- You will then need to SIGN and select FINISH.

Supervisor Start Page, Form View

Select the initial field to o	reate and add y	your initials.							FINISH	FINISH LATER	OTHER ACTIONS
				Q	Q ±		②				
	NDSU S	NIVERSITY POLICE AND VISON OF FRANCE AND ADMINIST	SAFETY OFFICE	Repo	rt of Nea	r Miss	/Occup			y/Illness/Exposure n? Please call 701-231-9587	
NEXT	University Policy occurrence and S Are you reporting After the investig cause of the nea		cupational Incide equire that all eve © Employee Inc ail the near miss on the near miss on the near miss on the near miss of	nt/Injury nts be in ident/III r how the ddressed	y/Illness/E vestigated ness/Expo e incident/i d; *If more	xposure . Omiss sure njury/illn	by reported ion of info	ure occurre	uld result in a dela		
	What was the spe	ecific injury, illness,	or exposure?								
	Date employee completed Baseline Safety Training: Supervisor is required to select all that apply before submitting.										
	Initial cause; ☐ Struck by or against an object ☐ Caught in/under/between ☐ Fall/Slip/Trip Contributing factors and activities; Equipment ☐ Equipment failure ☐ Improper equipment or material u							Employee □ Employ □ Unbala	ree fatigue inced or poor positi	on or motion	
	□ Material handling or lifting □ Guard removed from equipment □ Repetitive motion □ Personal Protective Equipment □ Chemical exposure □ Not worn							 Not paying attention Improper footwear for conditions Going too fast 			
	☐ Body Fluid Exp ☐ Cut/Puncture ☐ Fire	osure	☐ Not readily an ☐ Not adequate ☐ Personal prote	for the t		lure		□ Not aw	short cuts are of surroundings orting in a timely ma		
NEXT	☐ Animal bite ☐ Other - Explain:		Training/Experie □ Lack of trainin □ Failure to follo	g	lures			☐ Poor ho	policy/procedure usekeeping practic		
	□ New task for employee or lack of et □ Incomplete Safe Operating Procedu □ Outdated Safe Operating Procedun						re				
			Work Area ☐ Work area set up improperly ☐ Ergonomic factors					☐ Other ur	nsafe practice (expl		
			☐ Sanitary and h ☐ Lack of cord n ☐ Ice or wet con ☐ Loose handra	nanagem ditions				Environme ☐ Clear ☐ Rain ☐ Hail	ental Factors ☐ Sleet ☐ Snow ☐ Other		
			☐ Chipped tile o☐ 3 foot clearan☐ Lack of Safety	ce in fron	t of electri	al panel					
	□ Develop/revise	ons were completed safety policies/proc	d by Supervisor: (Needures and/or up	fust be co	ompleted)			de and beha			
	□ Request Ergonomic Assessment [7] □ Require personal protective equipment □ Remove equipment from use and repair or repair or replace □ Schedule preventative maintenance					☐ Mair	ntain hous k Order co		nd sanitary condition	ons	
		ee in proper procedu				□ Con		ies Manage	ment 231-7911 (id	oe, etc)	

Supervisor Initial & Finish, Form View



Questions?

Contact:

NDSU Claims Specialist 701-231-9587

NDSU Safety Office 701-231-7759

NDSU Safety Office Email ndsu.police.safety@ndsu.edu