

# 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/) <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**

**Your Name: \***

**Your Email: \***

Please provide information for any other signers needed for this document.

### **Supervisor Name and NDSU Email Address**

**Name: \***

**Email: \***

**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

Please review the documents below.

**FINISH** **FINISH LATER** **OTHER ACTIONS** ▾

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**START**

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**NDSU** UNIVERSITY POLICE AND SAFETY OFFICE  
DIVISION OF FINANCE AND ADMINISTRATION

**Report of Near Miss/Occupational Incident/Injury/Illness/Exposure**  
Questions about this form? Please call 701-231-9587

This form accommodates both **employee incident reports** and **near miss reports**.  
**Near Miss:** a potential hazard or an unplanned event that did not result in any injury, illness, exposure or damage.  
**Employee Incident:** any slip, trip, fall, punch, poke, bruise, strain, fire or exposure in any form. Slipping or tripping and not falling is still an incident report.

**Incident Reporting Responsibilities**

<b><u>EMPLOYEE</u></b>	<b><u>SUPERVISOR</u></b>
1. Report incident/event immediately to your supervisor	1. Assess the injury for first aid or medical treatment - if medical treatment is needed, send or take to the Designated Medical Provider. Notify Claims Specialist the employee is seeking medical attention.
2. Assess for first aid or medical treatment	2. Ensure employee is completing the Incident Report and all necessary Workers' Comp forms.
3. Complete the incident report immediately and submit to the Safety Office (24 hour reporting requirement)	3. Assess the extent of incident for immediate response and
4. If you need medical care - notify the Claims Specialist	

# 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

Please review the documents below.

**FINISH** **FINISH LATER** **OTHER ACTIONS** ▾

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**START**

7. You are required to follow medical restriction 24/7

8. You are required to accept modified work

9. Keep the Claims Specialist informed of referrals, restrictions and medical visits

10. Sign and date all documents

*I acknowledge that I have read and understand the above information*

**Initial**

↓

**CONTACT INFORMATION**

NDSU Claims Specialist 701-231-9587

NDSU Safety Office 701-231-7759

NDSU Safety Office Email [ndsu.police.safety@ndsu.edu](mailto:ndsu.police.safety@ndsu.edu)

7. Monitor the Return to Work and provide temporary accommodations for restrictions

8. Work with the injured worker and Claims Specialist throughout the claims process

9. Sign and date all documents

*I acknowledge that I have read and understand the above information*



# Reporting Form

- ▶ Begin by selecting Near Miss or Employee Incident/Illness/Exposure
- ▶ 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.

FINISHFINISH LATEROTHER ACTIONS

NEXT

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NDSU

UNIVERSITY POLICE AND SAFETY OFFICE  
DIVISION OF FINANCE AND ADMINISTRATION

**Report of Near Miss/Occupational Incident/Injury/Illness/Exposure**  
Questions about this form? Please call 701-231-9587

**University Policy requires that an Occupational Incident/Injury/Illness/Exposure be reported to ND Risk Management within 24 hours of occurrence and State Regulations require that all events be investigated. Omission of information could result in a delay of benefits.**

**If medical attention is required, it is imperative that you contact the Claims Specialist IMMEDIATELY or within 24 hours at 701-231-9587.**

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:

City:  State:  Zip:

Cell/Home Phone:  Sex: ☐ Male ☐ Female Date of Birth:

Employee's Department/Location:

Employee Email:  Employee's Work Phone:

Job Title:

# Mandatory Fields, Form View cont'd.

Select the initial field to create and add your initials.

FINISHFINISH LATEROTHER ACTIONS

NEXT

Job Title:

Supervisor First Name:

Supervisor Last Name:

Supervisor's Work Phone:

Date Supervisor Notified:

Bodily Injury ☐ Yes ☐ No

Specific Injury/Illness/Exposure: (sprain, strain, cut, bruise)

Body Part(s) Affected: ☐ Right ☐ Left ☐ N/A

Have you had prior injury to that body part? ☐ Yes ☐ No

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:

Witness Name:

Witness Phone:

Check all that apply

☐ Unsafe Condition ☐ Unsafe Equipment ☐ Unsafe Use of Equipment ☐ Unsafe Act/Behavior ☐ Other

Explain in detail the near miss or how the incident/event occurred. Include specific activities/tasks performed at the time:\*

If more room is needed to provide additional detail for the explanation, please attach a separate document in the "Attachments" section on page 3.

Date of First Medical Treatment:

Medical Treatment provided by:

☐ Sanford Clinic Occ Medicine ☐ Essentia Occ Health ☐ Self-care/First Aid ☐ No medical care beyond first aid needed

☐ Other:

Property Damage ☐ Yes ☐ No

Owner's Last Name:

Owner's First Name:

Owner's Street Address:

City:

State:

Zip:

Phone #:

What was damaged?

Was state property damaged? ☐ Yes ☐ No

NEXT

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# 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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☐ Loose handrails

☐ Chipped tile or loose carpet/rug

☐ 3 foot clearance in front of electrical panel


☐ Lack of Safety Data Sheets

☐ Hail

☐ Other \_\_\_\_\_

**Preventative Actions were completed by Supervisor:** (Must be completed)

☐ Develop/revise safety policies/procedures and/or update plan

☐ Request [Ergonomic Assessment](#) 

☐ Require personal protective equipment

☐ Remove equipment from use and repair or repair or replace

☐ Schedule preventative maintenance

☐ Retrain employee in proper procedures

☐ Require Baseline Safety Training

☐ Inform employee to slow down

Date of Investigation: \_\_\_\_\_

Sign  
⏴

Employee Signature

12/15/2020

Date


\_\_\_\_\_  
Supervisor or Manager Signature

Date

\_\_\_\_\_  
NDSU Claims Management Specialist

Date

**Attachments:** (photos, witness statements, additional documents, etc.)

⏴  


Optional

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# 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

Please review the documents below.

FINISH FINISH LATER OTHER ACTIONS ▾

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START

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**NDSU** UNIVERSITY POLICE AND SAFETY OFFICE  
DIVISION OF FINANCE AND ADMINISTRATION

**Report of Near Miss/Occupational Incident/Injury/Illness/Exposure**

Questions about this form? Please call 701-231-9587

This form accommodates both **employee incident reports** and **near miss reports**.

**Near Miss:** a potential hazard or an unplanned event that did not result in any injury, illness, exposure or damage.

**Employee Incident:** any slip, trip, fall, punch, poke, bruise, strain, fire or exposure in any form. Slipping or tripping and not falling is still an incident report.

**Incident Reporting Responsibilities**

<b><u>EMPLOYEE</u></b>	<b><u>SUPERVISOR</u></b>
1. Report incident/event immediately to your supervisor	1. Assess the injury for first aid or medical treatment - if medical treatment is needed, send or take to the Designated Medical Provider. Notify Claims Specialist the employee is seeking medical attention.
2. Assess for first aid or medical treatment	
3. Complete the incident report immediately and submit to the Safety Office (24 hour reporting requirement)	2. Ensure employee is completing the Incident Report and all necessary Workers' Comp forms.
4. If you need medical care - notify the Claims Specialist	

# Supervisor Start Page

- ▶ Begin by selecting Near Miss or Employee Incident/Illness/Exposure.
- ▶ 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 create and add your initials.

FINISHFINISH LATEROTHER ACTIONS

NDSUUNIVERSITY POLICE AND SAFETY OFFICE  
DIVISION OF FINANCE AND ADMINISTRATION

Report of Near Miss/Occupational Incident/Injury/Illness/Exposure  
Questions about this form? Please call 701-231-9567

NEXT

Are you reporting a ☐ Near Miss ☐ Employee Incident/Illness/Exposure

After the investigation, explain in detail the near miss or how the incident/injury/illness/exposure occurred, the specific activity being performed, root cause of the near miss or incident and how it is being addressed: \*If more room is needed to provide additional detail for the explanation, please attach a separate document in the "Attachments" section on page 3.

What was the specific 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  
☐ Material handling or lifting  
☐ Repetitive motion  
☐ Chemical exposure  
☐ Body Fluid Exposure  
☐ Cut/Puncture  
☐ Fire  
☐ Animal bite  
☐ Other - Explain:

**Contributing factors and activities: (check all that apply)**  
**Equipment**  
☐ Equipment failure  
☐ Improper equipment or material used for job  
☐ Guard removed from equipment  
**Personal Protective Equipment**  
☐ Not worn  
☐ Not readily available  
☐ Not adequate for the task  
☐ Personal protective equipment failure  
**Training/Experience**  
☐ Lack of training  
☐ Failure to follow procedures  
☐ New task for employee or lack of experience  
☐ Incomplete Safe Operating Procedure  
☐ Outdated Safe Operating Procedure  
**Work Area**  
☐ Work area set up improperly  
☐ Ergonomic factors  
☐ Sanitary and housekeeping issues  
☐ Lack of cord management  
☐ Ice or wet conditions  
☐ Loose handrails  
☐ Chipped tile or loose carpet/rug  
☐ 3 foot clearance in front of electrical panel  
☐ Lack of Safety Data Sheets

**Employee**  
☐ Employee fatigue  
☐ Unbalanced or poor position or motion  
☐ Not paying attention  
☐ Improper footwear for conditions  
☐ Going too fast  
☐ Taking short cuts  
☐ Not aware of surroundings  
☐ Not reporting in a timely manner  
☐ Lack of policy/procedure  
☐ Poor housekeeping practices  
☐ Improper behavior and attitude  
☐ Disregard for safety rules  
☐ Animal (explain) \_\_\_\_\_  
☐ Other unsafe practice (explain): \_\_\_\_\_

**Environmental Factors**  
☐ Clear ☐ Sleet  
☐ Rain ☐ Snow  
☐ Hail ☐ Other \_\_\_\_\_

**Preventative Actions were completed by Supervisor: (Must be completed)**  
☐ Develop/revise safety policies/procedures and/or update plan  
☐ Request [Ergonomic Assessment](#)   
☐ Require personal protective equipment  
☐ Remove equipment from use and repair or repair or replace  
☐ Schedule preventative maintenance  
☐ Retrain employee in proper procedures  
☐ Require Baseline Safety Training  
☐ Address attitude and behavior  
☐ Address employee work practices  
☐ Maintain housekeeping and sanitary conditions  
☐ Work Order completed  
☐ Report adverse event to IBC  
☐ Contact Facilities Management 231-7911 (ice, etc)  
☐ Other (explain) \_\_\_\_\_

NEXT

# Supervisor Initial & Finish, Form View

Select the initial field to create and add your initials.

**FINISH** **FINISH LATER** **OTHER ACTIONS** ▼

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**NEXT**

☐ Remove equipment from use and repair or repair or replace  
☐ Schedule preventative maintenance  
☐ Retrain employee in proper procedures  
☐ Require Baseline Safety Training  
☐ Inform employee to slow down

Date of Investigation: \_\_\_\_\_

**Sign**  
↓

Employee Signature \_\_\_\_\_ Date 12/15/2020

Supervisor or Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

NDGU Claims Management Specialist \_\_\_\_\_ Date \_\_\_\_\_

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☐ Work Order completed  
☐ Report adverse event to IBC  
☐ Contact Facilities Management 231-7911 (ice, etc)  
☐ Other (explain) \_\_\_\_\_

**Attachments:** (photos, witness statements, additional documents, etc.)

↓  
📎  
Optional

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**FINISH**

# Questions?

## Contact:

NDSU Claims Specialist 701-231-9587

NDSU Safety Office 701-231-7759

NDSU Safety Office Email [ndsu.police.safety@ndsu.edu](mailto:ndsu.police.safety@ndsu.edu)