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.
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 169. 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: *
Full Name

Your Email: *
Email Address

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

Supervisor Name and NDSU Email Address

Name: *
Full Name

Email: *
Email Address

BEGIN SIGNING
Review Procedures then Start

- You will be asked to review procedures.
- Select START button when you are ready to begin.
Please review the documents below.

START

DocuSign Envelope ID: EB9F2F9D.815C.4E39.8A7C.CD2917C4D453

NDSU UNIVERSITY POLICE AND SAFETY OFFICE
DIVISION OF FIRE AND PROTECTION

Report of Near Miss/Occupational Incident/Injury/Illness/Exposure
Questions about this form? Please call 701-231-8587

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

EMPLOYEE
1. Report incident/event immediately to your supervisor
2. Assess for first aid or medical treatment
3. Complete the incident report immediately and submit to the Safety Office (24 hour reporting requirement)
4. If you need medical care - notify the Claims Specialist

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. Ensure employee is completing the Incident Report and all necessary Workers’ Comp forms.
3. Access the nearest Incident for immediate hazards and
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 *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

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: __________

Employer's Department/Location: __________________________

Employee Email: __________________________ Employee's Work Phone: __________________________

Job Title: __________________________
Mandatory Fields, Form View cont’d.
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
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.
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**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. Ensure employee is completing the Incident Report and all necessary Workers' Comp forms.
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 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