Supervisor's Report of Incident

Weber State University
3850 Dixon Parkway Dept 1016
Ogden, Utah 84408-1016
Phone: 801-626-6184
Fax: 801-626-6925

Please complete and return to HR, Dept. 1016
Reports should be turned in within 24 hours of the incident.

Injured Person's Information		
Name:		W#:
Status: *(Check one)* ☐ Employee ➔	Supervisor:	
☐ Student ☐ Visitor	Job Position/Title:	
Incident Information *(To be completed for ALL incidents)*		
Date of Incident:	Incident Location:	
Time of Incident:		
Task being performed when incident occurred:		
Incident Results: ☐ Injury ☐ Fatality ☐ Property Damage ☐ Near-Miss		Number of Workdays Lost:
Witness' Name(s): *(Include phone numbers if available)*		
Describe how the incident occurred:		
What actions, events, or conditions contributed most to this incident?		
Was safety equipment provided? ☐ Yes ☐ No If Yes, was it used? ☐ Yes ☐ No *(Please describe)*		
What can be done to prevent future incidents of this type?		
Injury Information *(To be completed for ALL incidents resulting in injury)*		
Medical Treatment: ☐ First aid administered at workplace ☐ Medical Treatment Required		
Are there any doubts or concerns that this injury is not work-related? ☐ No ☐ Yes *(If yes, please contact EH&S WCF Claim Coordinator at ext. 7077)*		
Signature Section *(To be completed for ALL incidents)*		
Signature of Supervisor: _____	Date: _____	

Be Careful Out There

www.weber.edu/ehs

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