

Dickinson State University Accident Injury Investigation Form

Please fill in all fields – If a field doesn't apply, please type N/A

You must submit a completed form to the Campus Safety Office within 24- hours of incident. Notify the Campus Safety Office IMMEDIATELY of all incidents resulting in injury. 900 Campus Drive Student

Center 109 Dickinson, ND 701-290-1068 / Email:

dsu.publicsafety@dickinsonstate.edu

Type of Incident: Near miss Employee Injury Student Visitor Property damage

Party Involved

Name: Email:
Department & Job Title: Student / Employee ID #
Home Mailing Address: Phone:
Sex: Male Female Date of Birth:
Faculty Staff Student Worker Student Visitor

Event Details

Date incident occurred: Time:
Supervisor's name: Date Notified:
Bodily Injury: Yes No Body part injured:
Photos Taken: Yes No By:

Describe Incident/Injury-Location-Work activity-Cause (Be specific):

Medical treatment: Yes No Provided by:
Weather Conditions: Clear Raining Snowing Other
Witness to incident: Name: Phone:
Witness to incident: Name: Phone:
Property Damage. List: Owner of property
Address: Was any State property damaged? Yes No
Employee Signature: Date:

Incident Investigation

Supervisors name: Employee ID #
Personally witnessed incident: Yes No

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Please fill in all fields - If a field doesn't apply, please type in 'N/A'

List exact nature of injury and apparent cause of accident/injury:

Root Causes

Weather condition Yes No

Work area set up properly Yes No

Was the employee using approved methods in performing a duty at the time of the injury? Yes No

Was the employee using safety equipment? Yes No

If mechanical equipment was involved, was the employee trained in use of equipment and or procedures related to job function? Yes No

Was the equipment faulty? Yes No

Did the employee commit an unsafe act? Yes No

Other-Explain

Corrective action

What action has be taken to prevent this from reoccurring?

Corrective action completed Yes No In no, explain:

Completion date identified:

The above information on this report is accurate based on my knowledge of the incident.

Supervisor or Manager Signature:

Date:

Campus Safety Office / Investigated by:

Date: