First Report of Injury, Illness Exposure, or Near-Miss

Employee Information

Generally, the Employee First Report of Injury, Illness Exposure or Near-Miss form should be filled out by the Injured Employee if they are able. In the rare event that the Injured Employee is unable to complete the form, a third party may fill out the form on behalf of the Injured Employee.

Please select the best option below that describes you as the individual filling out this form:

- ❍ The Injured Employee
- ❍ Supervisor of the Injured Employee
- ❍ Co-worker of the Injured Employee
- ❍ Witness

Employee Name

First Name _____ Middle _____ Last Name _____

Employee T-Number

_____

Phone Number

Area Code _____ Phone Number _____

Employee Email

_____
example@example.com

Employee Address

Street Address _____

City _____ State / Province _____

Postal / Zip Code _____

This is a work-related

- ❍ Injury
- ❍ Illness
- ❍ Near-miss

Is this related to the Utah Shakespeare Festival?

- ❍ Yes
- ❍ No

What was the initial treatment?

- ❍ No medical treatment
- ❍ Minor by employer
- ❍ Minor by clinic/hospital
- ❍ Emergency Care
- ❍ Hospitalized longer than 24 hours

Work Information

Employee's Rate of Pay

_____

Pay Units

_____

Number of days employee works per week

_____

Full pay for day of injury, illness, or near-miss?

- ❍ Yes
- ❍ No

Did salary continue?

- ❍ Yes
- ❍ No

SUU Department employee works for

_____

Supervisor's Name

First Name _____ Last Name _____

A supervisor is defined as the person providing supervision for the assigned task where/when the incident occurred or the person most likely to know most about the work, persons involved and the current conditions.

Supervisor's E-mail

_____

Date Supervisor Notified of Injury, Illness, or Near-Miss

Month _____ Day _____ Year _____

Occurrence Information - Page 1

Date of Injury, Illness, or Near-Miss Occurrence

Month _____ Day _____ Year _____

Time of Occurrence

Hour **0** Minutes **0** **0**

Time Employee Began Work

Hour **0** Minutes **0** **0**

Did the injury, illness exposure, or near-miss occur on employer's premises?

- ❍ Yes
- ❍ No

Describe the exact location of where the injury, illness exposure, or near-miss occurred.

_____

Describe all of the equipment, materials, or chemicals the employee was using when injury, illness exposure, or near-miss occurred.

_____

Describe step-by-step the work process that led up to the injury, illness exposure, or near-miss.

_____

How did the injury or illness occur? Describe the sequence of events and include objects or substances that injured the employee or made the employee ill.

_____

Did the injury, illness exposure, or near-miss happen during performance of regular duties?

- ❍ Yes
- ❍ No

Were safeguards or safety equipment provided?

- ❍ Yes
- ❍ No

If yes, were the safeguards or safety equipment used?

- ❍ Yes
- ❍ No

Was the injury, illness exposure, or near-miss caused by failure of a machine or product?

- ❍ Yes
- ❍ No

If this injury, illness exposure, or near-miss was caused by any person or company besides the employee, a co-employee, or the employer, please identify:

_____

Name and Phone Number of Witness

_____

What could have been done to prevent this injury, illness exposure, or near-miss?

_____

Occurrence Information - Page 2

Type of Injury or Illness

_____

Side of Body Affected

- ❍ Right
- ❍ Left
- ❍ Bi-lateral
- ❍ Unknown

Part of Body Affected

_____

Has the employee injured this part of body before?

- ❍ Yes
- ❍ No

Provide details regarding previous injury.

_____

Employee's Last Work Date

Month _____ Day _____ Year _____

Date Employee Returned to Work

Month _____ Day _____ Year _____

Date Employee's Disability Began (if applicable)

Month _____ Day _____ Year _____

If fatal, give the date of death.

Month _____ Day _____ Year _____

Upon submitting this form, the response will be reviewed by appropriate parties. The employee's supervisor will also recieve additional instructions to assist with assessing the situation.