

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
- Onsite Mentor of the Injured Employee
- Co-worker of the Injured Employee
- Witness

Full Name *

First Name Last Name

Job/Position *

Reason for filling out the form on behalf of the injured employee *

How did you determine the information required to fill out this form? *

- I filled out this form using the words of the Injured Employee as it was verbally given to me.
- I Am filling out this form based on my own observations

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

Name and Address of Care Provider *

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 *

Onsite Mentor's Name *

First Name

Last Name

An onsite mentor 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.

Onsite Mentor's E-mail *

example@example.com

Date Onsite Mentor 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 Minutes

Time Employee Began Work *

Hour Minutes

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

Provide details of machine or product failure. *

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 receive additional instructions to assist with assessing the situation.

Signature *