

EMPLOYEE INCIDENT REPORT

Instructions: Employee immediately notify your supervisor of work-related incident. Fully complete Employee Information and "Incident Information" sections sign and date the report. Give report to your supervisor for signature. If medical treatment is necessary supervisor must escort employee to medical treatment facility. The completed employee incident report must be provided to the medical facility and immediately returned to your supervisor. **Supervisor** - Must adhere to the medical treatment section requirements and fully investigate the incident documenting findings on the Supervisor Investigation Report. The original Employee Incident Report and Supervisor Investigation Report must be forwarded to EH&S office (EH&S Bldg., Fax 75302, EHSOffice@uncc.edu) as soon as possible or no later than three working days. Serious bodily injury or death must be reported to EH&S office immediately.

EMPLOYEE INFORMATION

Name of Employee: _____ UNCC ID: _____ Gender: Male Female
 Home Address: _____ City, State, Zip Code: _____ Home Phone: _____
 Job Title: _____ Department: _____ Department Phone _____
 Employment: Full Time Part-Time Date of Birth: _____

INCIDENT INFORMATION

Date of Incident: _____ Time: _____ AM PM Time Shift Began: _____ AM PM
 Date Employer Notified: _____ Time: _____ AM PM
 Incident Location: _____ Building/Room: _____ Location if Campus Grounds: _____
 Cause of Injury: _____
 Type of injury (sprain, cut, strain): _____ Part of body injured: _____
 Task being performed at time of incident: _____ Status of Job or Activity: _____

Description of Incident:

Name and Phone Number of Incident Witness: _____

This incident requires: No medical treatment First Aid Administered Student Health Center Urgent Care
 Hospital emergency room Employee Refuses Treatment Other _____

Employee Signature _____ Date _____ Office Phone _____
 Supervisor Signature _____ Date _____ Office Phone _____

MEDICAL TREATMENT

INITIAL TREATING PHYSICIAN STATEMENT **Initial Visit** **Return Visit**
 May return to work on: _____ without restrictions or limitations.
 May return to work on: _____ with the following restrictions or limitations in effect until: _____
 Light work (lifting less than 20lbs) Medium work (lifting less than 50lbs) Heavy work (lifting less than 100lbs)
 Sedentary work (sitting, occasional walking, standing, lifting less than 10lbs) Other _____
 Should not return to work until evaluated by a consulting physician

Referred to: _____ Appointment: _____
 Diagnosis/HX: _____
 Comments _____

Physician's Signature _____

EH&S OFFICE USE ONLY

Incident No Treatment First Aid OSHA Recordable (Medical Claim) Workers' Compensation/TPA