

Non-Employee / Student Injury or Illness Event Report

Instructions:

- This form is only for reporting student or non-employee (anyone not paid by the University) injuries or illnesses or a near miss.
- Please provide as much detail regarding the event as possible. All fields marked with an asterisk must be completed
- When complete, save the completed form to your computer and then send it via email to questions@safety.rochester.edu
- If you have questions or problems when completing this form, please call our office at 275-3241 and your call will be directed to the person handling these forms

Are you reporting an injury or illness? Yes _____ No _____

Are you reporting a near miss? Yes _____ No _____

A near miss may also be called a close call, a near collision, or a near hit. It is an unintentional incident that could have caused damage, injury or death but was narrowly avoided. In the context of safety, a near miss may be attributed to human error, or might be a result of faulty safety systems or processes in an organization.

Personnel Information:

1. *Full Name & Purpose at the University of Rochester (e.g. researcher, student, visitor)

2. *Contact Information (include phone number and email address)

Phone: _____ Email: _____

Mailing Address (if no email address available):

3. *Supervisor Contact Information (or other University contact within department)

Department _____

Name _____

Phone _____

Email _____

4. *Regular Work Schedule (e.g. Monday – Friday, 8 am – 4 pm, etc.)

Information regarding actual incident:

5. *Date Occurred _____

6. *Time Occurred _____ (HH:MM am/pm)

7. *Date Reported to Supervisor _____

8. *Did this event occur on University of Rochester property? _____ (Yes or No)

9. *Where did incident happen? _____ (Building, Room number)

10. *Type of location _____(Sidewalk, Corridor, Elevator, Stairwell, Patient Room, Laboratory, Classroom, Auditorium, etc.)
11. *Additional information regarding location to clearly identify where incident occurred:

12. *What was the individual doing just prior to the event?

13. *Describe what happened including what may have caused this event

- * Part of Body _____ (include side of body as well)
- * Nature of Injury _____
14. *Will injury/illness result in any time away from work or restrictions in ability to complete normal work duties? _____ (Undetermined, No or Yes; if yes provide details if possible)
15. *Was a specific object or substance (chemical, biological, radiological) involved? (If No, please enter N/A in blank, otherwise provide specific details)

16. *Was personal protective equipment (PPE) worn? _____ (Yes or No)
*If yes, provide specifics. If no, enter N/A _____
17. *Please describe any immediate actions taken to prevent similar injury/illness or event from happening in the future

MEDICAL TREATMENT

18. *What type of medical treatment did the individual receive at time of incident? (Please check one)
- No Medical Treatment _____
 - Emergency Department _____
 - First Aid at Time of Injury _____
 - Urgent Care _____
 - UofR Occupational Medicine (Occ Med) _____
 - UofR University Health Service (UHS) _____
 - Primary Care Physician _____
 - Admitted to hospital (more than just observation) _____
19. If medical attention was received, please provide treatment facility details below:
- Facility Name: _____
- Address: _____
- City: _____

WHEN DONE PLEASE EITHER PRINT AND SCAN OR SAVE AND SEND COMPLETED REPORT TO questions@safety.rochester.edu . PLEASE CALL OUR OFFICE AT 275-3241 MONDAY – FRIDAY, 8:00 AM – 5:00 PM WITH QUESTIONS.