WAKE FOREST UNIVERSITY
Human Resources

FIRST REPORT OF INCIDENT
-CONFIDENTIAL-

Employee Information		
Name of Injured Employee:		☐ Male ☐ Female
Job Title:	Department:	
Employee Home Address (street, city, state, zip):		Home Phone #:
Date of Birth	WFU Hire Date:	Hrs/Day Worked per Week
(HR to complete):SSN:		Wage/Salary Info: /

Incident Information		
☐ Injury ☐ Illness ☐ Vehicle Accident (If vehicle accident, also complete Form?)		
Date of Incident:	Date Incident Reported:	
Did the incident result in lost workdays? ☐ Yes ☐ No If yes, list dates:		
Was employee interviewed by supervisor? ☐ Yes ☐ No	Supervisor's Name:	
Date of Interview:	Were Witnesses Present? ☐ Yes ☐ No	
Name(s) of Witness(es):		
Were other employees involved in the incident? ☐ Yes ☐ No		
Name(s) of Other Employee(s):		
Was first aid administered at WFU? ☐ Yes ☐ No	Where?	By Whom?
Was EMS dispatched? ☐ Yes ☐ No	Was employee sent to hospital/clinic for treatment? ☐ Yes ☐ No	
Hospital/Clinic where employee was sent:		Authorized By:
Did employee receive Rx for injury/illness?		Treating Physician:

Description of Incident	
What time did employee begin work?	What time did incident occur?
Where did injury/illness/vehicle accident occur? (Include building, room#, area of campus)	
What was employee doing before injury/illness/vehicle accident occurred? (Please be specific)	
How did the injury/illness/vehicle accident occur? (Please be specific)	

FIRST REPORT OF INCIDENT
-CONFIDENTIAL- (CONTINUED)

For Supervisor:
Circle all appropriate words or statements with regard to the injury/illness/accident:

Unsafe Acts/Conditions	Injury Type	Job Factors	Type of Accident
❑ Operating without authority	❑ Abrasion	❑ Body reaction	❑ Fall, same level
❑ Failure to secure area	❑ Burn: Chemical	❑ Caught between	❑ Inhalation
❑ Operating at unsafe speed	❑ Burn: Thermal	❑ Caught under	❑ Motor vehicle
❑ Inactivating safety devices	❑ Contusion	❑ Contact with chemicals	❑ Overexertion
❑ Using equipment improperly	❑ Fracture	❑ Contact with cold	❑ Push/Pull
❑ Improper loading/placement	❑ Inhalation	❑ Contact with electricity	❑ Repetitive motion
❑ Improper lifting	❑ Irritation	❑ Contact with heat	❑ Rubbed/abrasion
❑ Servicing equipment in motion	❑ Insect Bite	❑ Fall, different level	❑ Slip/Trip
❑ Horseplay	❑ Laceration	❑ Slip/trip	❑ Struck Against
❑ Failure to use PPE	❑ Shock	❑ Strain/Sprain	❑ Struck by
❑ Failure to follow procedure	❑ Strain/Sprain	❑ Unknown	❑ Other:
❑ Inadequate guards/protection	❑ Other:	❑ Other:	
❑ Defective equipment/material			
❑ Inadequate work space			
❑ Inadequate ventilation			
❑ Unsafe personal attire			
❑ Hazardous environmental conditions			
❑ Unexpected movement/hazards			
❑ Hazardous placement or storage			
❑ Fire/explosion hazard			
❑ Other:			

Agency	Task Being Performed	Circle All Injured Body Parts		
❑ Chemicals	❑ Adjusting	Eye	R	L
❑ Conveyors	❑ Carrying	Foot	R	L
❑ Feeding material	❑ Cleaning	Hand	R	L
❑ Glass	❑ Lifting	Wrist	R	L
❑ Glue	❑ Operating	Hip	R	L
❑ Grating	❑ Pushing/Pulling	Knee	R	L
❑ Knife/razor	❑ Servicing	Leg	R	L
❑ Ladders	❑ Unjamming	Ankle	R	L
❑ Machine/Equipment	❑ Walking	Shoulder	R	L
❑ Pallets	❑ Other:	Ear	R	L
❑ Surfaces		Skin		
❑ Tools		Head		
❑ Vehicles		Back		
❑ Other:		Chest		
		Finger (describe)		
		Face		
		Other:		

Use the space below for any information which would help to explain the incident: (Example: Safety Suggestion)

Supervisor Comments:

Employee Comments:

Employee Signature:	**Date:**	**Phone:**
Print Employee Name:		
Supervisor Signature:	**Date:**	**Phone:**
Print Supervisor Name:		

Forward to Human Resources