



# University of Alaska Fairbanks Facilities Services Incident Report

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## SECTION I: EMPLOYEE INFORMATION (completed by employee)

Name \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First, MI)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

UAF Employee Number \_\_\_\_\_ Date Employed \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_  
(Regular job title, even though doing another job at time of incident)

Department \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Assigned department, even though working in another department at time of incident)

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## SECTION II: INCIDENT (completed by employee)

Job title at time of incident \_\_\_\_\_ Experience in this job \_\_\_\_\_

Department where incident occurred \_\_\_\_\_ On company premises? Yes \_\_\_ No \_\_\_

Exact location of incident \_\_\_\_\_

How did the incident occur? Describe events that resulted in incident. What happened? How did it happen? What were you doing? (Be specific)

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Describe injury/illness in detail. Indicate body part(s) affected. (Examples: Twisted left knee with excessive swelling, cut right index finger, etc)

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Name the object/substance that directly injured employee. (Examples: lathe, chlorine gas, 50 pound box, etc.)

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List all PPE In Use \_\_\_\_\_

Name(s) of witness(es) \_\_\_\_\_

Severity of injury (Circle One):    None            First Aid            Medical Treatment

Date of incident \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ AM \_\_\_ PM Date employer knew of accident \_\_\_\_\_

Additional Employee Comments:

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**Forward to supervisor for completion of section III (continued on reverse side)**

