

# Facilities Management and Campus Services

## Near miss/Accident/Incident Report

Department:	Date & Time:
Location of occurrence      DeKalb      Rockford  Lorado      Naperville      Hoffman      Other	Building:
Name(s) of injured:	Supervisor/Foreman:
Nature of incident/potential incident (burn, cut inhalation, etc.)	Apparent Seriousness:  Near miss      Minor      Major

**Briefly describe what happened. Please be specific: (Use 2nd page if necessary)**

**Action Taken:**

First Aid Treatment

Injured Transported to Hospital by Private Vehicle

Other

Injured Transported to Hospital by Ambulance

***Note: Completion of this form does not take the place of registering for Workers Compensation. Contact Supervisor or Human Resource Services for further information.***

*For Office Use Only*

**Supervisor/Foreman**

Name \_\_\_\_\_ Date Report Received \_\_\_\_\_

Recommendation(s): \_\_\_\_\_

***Note: Upon completion by Supervisor, please retain a copy and forward a copy to Environmental Health and Safety via scan and e-mail or Campus mail.***

**Environmental Health & Safety:**

Initials \_\_\_\_\_ Date Report Received \_\_\_\_\_

Recommendation(s): \_\_\_\_\_

**Continued:**