

Roger Williams University and Roger Williams University School of Law Incident/Injury/Illness Report Form

Please complete this form in its entirety. Please type or print clearly. The form **MUST** be returned to Human Resources within 24 hours of the incident, injury, or illness.

Section 1: Employee Information

Last Name

First Name

Home Address - Street

Home Address - City

Home Address - State

Home Address - Zip Code

Home / Cell Phone

Date of Birth

Date of Hire

Department/Position

Gender

Occupation

Section 2: Supervisor/Manager Information

Employee's Supervisor/Manager Name

Name of Person Completing Form (if different)

Supervisor/Manager Phone Number

Phone Number of Person Completing Form (if different)

Date Form Completed

Was there a specific incident/injury/illness?

Yes

No

Section 3: Incident/Injury/Illness Information

Date of Injury

Time of Injury

Time

AM

PM

Time Employee's Workday Began

Time

AM

PM

Where did the Incident Occur (specific location, e.g., "Northwest Corner of Building X")

**Did someone
witness incident/
injury/illness?**

Witness Information (Name, Phone, Address)

Yes

No

What was the employee doing just before the incident occurred (e.g., "Employee was walking to cooler" or "Employee was climbing ladder to perform XYZ")?

What happened during the incident? (e.g., "Employee lost footing and slipped and fell")

What was the injury or illness (outcome)? (e.g., "Employee stated they bruised left pinky finger and right elbow")

What object or substance directly harmed the employee? (e.g., sidewalk, broken ladder rung, chemical)

Which best classifies this event?

Injury

Illness

Near Miss (reporting for corrective action or safety issue)

First Aid (e.g., was given a band-aid or ice)

If employee left site for medical treatment:

Medical Facility Name

Was the employee treated in the emergency room?

Yes

No

Did employee return to work same day with return to work note?

Yes

No