SIU Southern Illinois University CARBONDALE

Report of Injury/Incident/Hazard

Center for Environmental Health and Safety
Southern Illinois University Carbondale
1325 Radio Drive
Mail Code 6898
http://www.cehs.siu.edu
Ph. (618)453-7180 Fax (618)453-7192

_____
Case Number

It is the responsibility of each supervisor to ensure that this report is filed with the Center for Environmental Health and Safety within 24 hours of becoming aware of an incident or hazard related to SIU facilities or operations.

I. PERSON INVOLVED IN INCIDENT	**Name** (Last, First, Mi)	**Sex** ☐ F ☐ M	**E-Mail**
	Date of Birth		**AIS or Dawg Tag #** (if appropriate)
	Address (Local)		**Phone** (W) _____ _____ _____ (H) _____ _____ _____
	Status At Time Of Incident ☐ Employee ☐ Visitor ☐ Student ☐ Other (Specify):	**If An Employee**, Give Job Title And Department	**If A Visitor**, State Purpose Of Campus Visit
	IF OTHERS WERE INVOLVED, ATTACH ADDITIONAL COPIES OF THIS FORM FOR EACH PERSON.		
	Did Incident Arise Out Of And In The Course Of University Employment? ☐ Yes ☐ No		
II. INCIDENT/ OR HAZARD DESCRIPTION	**Place** Where Accident/Incident Occurred Or Hazard Is Located	**Date & Time** Of Incident	**Name Of Area Supervisor** Where Incident Occurred Or Hazard Is Located.
	Describe Activity Being Performed By Person Involved In Incident (I.E. Driving Truck, Lifting Crate, Etc.)		
	Fully Describe Incident/Hazard (Attach Additional Sheets If Necessary.)		
	List Any Witness Present Name	Address	Phone (W) ____ ___ _____
	Additional Witness(es) Present Name	Address	Phone (W) ____ ___ _____
III. INJURY	Did This Incident Result In Injury To The Person Involved? ☐ Yes ☐ No		
	IF INJURY OR ILLNESS RESULTS FROM AN INCIDENT ARISING OUT OF AND IN THE COURSE OF UNIVERSITY EMPLOYMENT, THE INJURED PERSON OR THEIR SUPERVISOR (If injured person is unable) MUST CALL **TRISTAR Risk Enterprise Management, Inc.** ***AT 1-855-495-1554 AND REPORT THE INJURY OR ILLINESS.***		
	Describe Nature And Scope Of Personal Injury, If Any **Was Medical Care Sought**? ☐ No ☐ Yes: Place & Date of Treatment _____		
IV. PROPERTY DAMAGE	**Describe Property Damage**, If Any		
V. SIGNATURE	**Printed Name** Of Person Completing Form		**Job Title/Occupation**
	_____ _____ **Signature** Of Person Completing Form Date		**Phone Number** (W) _____ _____ _____ (H)_____ _____ _____