

Part One (1) – **Must submit completed form to the Office of Safety within 24-hours of incident.**

Please fill in all fields - If a field doesn't apply, please type in 'N/A'.

Name of person completing this form:

Last name: _____ First name: _____ Phone: _____

Date incident occurred: _____ Time: _____ Date UND was notified: _____ Who was notified? _____

TYPE OF INCIDENT: INJURY EXPOSURE PROPERTY VEHICLE NEAR-MISS

Name of person involved in incident:

Last name: _____ First name: _____ Phone: _____

Address of person involved in incident: (Include - City, State, and Zip code): _____

Was this person injured? Yes No

If Yes, briefly describe injury:

Injured/Involved person's relationship to UND:

Employee/Student Employee Student (non-employee) Visitor Affiliate

Was there any property damage resulting from the incident? Yes No

If yes, what was damaged? _____

Owner(s) of damaged property: _____

Have pictures been taken? Yes No (Please email the pictures immediately to: UND.safety@email.UND.edu.)

I acknowledge that:

- 1. I have been made aware of this incident, and that***
- 2. I will follow-up with Part 2 of the Incident Investigation Form and submit it to the Office of Safety within one (1) week, and that***
- 3. The information on this report is accurate based on my knowledge of the incident.***

Signature _____ Date _____

Title _____

Route to:

Department Head _____ Date _____

Print _____

Office of Safety _____ Date _____

Submit to Office of Safety

Print