



### First Report of Injury/Incident

All injuries to students, employees, or visitors, and all non-injury incidents must be reported **by end of shift** to the Human Resources Office 906-635-2626 or Public Safety 906-635-2100. It is the responsibility of the individual to report any injury or non-injury incident to his or her supervisor immediately. If more than one person was involved in an incident, each person must fill out a separate report. In preparing the report, avoid non-specifics or generalities. Information provided may help other departments in preventing similar incidents.

Name of Person Involved \_\_\_\_\_ Univ ID No A \_\_\_\_\_  
Last First MI

Local Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex:  Male  Female (check one)

Status:  Employee  Student Employee  Non-Working Student  Visitor (check one)

**If an Employee/Student Employee**

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_  AM  PM (check one)

Department \_\_\_\_\_ Time Shift Began \_\_\_\_\_  AM  PM (check one)

Time and date stopped work \_\_\_\_\_ Time and date of anticipated return to work \_\_\_\_\_

Specific Location of Incident \_\_\_\_\_

Name(s) of Witnesses \_\_\_\_\_

Description of injury (specify exact part of body) circle one **right or left** \_\_\_\_\_

Type of Injury (sprain, burn, etc.) \_\_\_\_\_

What was he or she doing at the time of the accident? (Include tools, machines, objects, materials being used) \_\_\_\_\_

How did the injury and/or incident occur? \_\_\_\_\_

*(attach additional documentation if necessary)*

**I understand I may be evaluated by a Medical Professional, however I decline treatment at this time. I understand I have the option to request Medical Evaluation within 48 hours of incident.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Did injured receive first aid?  Yes  No Provider: \_\_\_\_\_ Emergency Room Visit  Yes  No

Treated by healthcare provider?  Yes  No Provider: \_\_\_\_\_

Hospital (if any) \_\_\_\_\_ Hospital overnight inpatient?  Yes  No X-rays taken?  Yes  No

Statement by person involved \_\_\_\_\_

*(attach additional documentation if necessary)*

Signature of Involved Person \_\_\_\_\_ Date \_\_\_\_\_ Signature of Department Head \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Original to Safety and Risk Office, Reporting Department Retains a Copy

## Injury/Incident Notification Procedures

If an employee is seriously injured, call Public Safety 906-635-2100 or **call 911** and obtain professional medical assistance immediately. If there is ever any doubt to the seriousness of an injury, always err on the side of caution and call 911. If an injured person requests that 911 be called, do so without hesitation.

1. Render first aid.
2. An employee shall **report** any work-related injury, no matter how slight, to his or her **supervisor, Human Resources 906-635-2213 or Public Safety 906-635-2100** immediately. An employee First Report of Injury/Incident form will be utilized for reporting purposes. This form is distributed to all departments and is available at <https://www.lssu.edu/human-resources/employee-forms/>. A supervisor receiving a report or notice of an injury from the employee shall promptly assist employee with completion of Incident Report and report the claim to the Safety and Risk Specialist or designee. An injury may be reported by a supervisor on behalf of the employee.
3. If the employee does not report the injury by end of shift to their supervisor per policy, disciplinary action may occur.
4. The Safety and Risk Specialist or designee will review the required information on the First Report of Injury/Incident for accuracy involving the incident and contact the Health Care Facility to authorize medical treatment, if this has not been accomplished. If you seek unauthorized treatment, you may be responsible for associated costs.
5. Employees must report to LSSU Health Care Center for medical evaluation or the War Memorial Walk-In Clinic if the LSSU Health Care Center is not available. Health Care Providers must be informed if the incident is **work-related** at the time of the medical registration.
6. All original documentation given to the employee by the treating health care provider must be returned to the Safety and Risk Specialist or designee within the next business day.
7. The Safety and Risk Specialist or designee must submit the claim to the Administrator/Insurance carrier in writing within (24/next business day) hours of receipt of the report or notice of injury. These medical forms provide timely information regarding employee compensation, injury information status, and MIOSHA recording requirements. Claims may be denied due to insufficient information and delayed injury notification.
8. Employees must follow all health care provider documented restrictions and follow up appointments. All follow up appointments must be made with the LSSU Health Care Center, unless an exception of a referral to specialist. Employees must submit documentation to the Safety and Risk Specialist or designee after each follow up appointment.
9. The Safety and Risk Specialist or designee may assign accommodated work for employees returning from their medical evaluation with a documented need for accommodation LSSU Fit for Duty Certification form.
10. Prior to returning to regular work the employee must provide the Safety and Risk Specialist or designee with the health care provider's documentation of return to work with full capabilities or a listing of specific capabilities based on the LSSU Fit for Duty Certification form.