

# MSU-BOTTINEAU SUPERVISOR'S INCIDENT REPORT

Date of incident: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time of incident: \_\_\_\_\_  
Employee's name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Division: \_\_\_\_\_  
Location: (Describe where incident occurred; include department and building)

## **Bodily injury: (Supervisor must report within 24 hours after receiving Employee's Incident Report)**

Nature of injury: (Describe body part injured)

Immediate cause of injury:

Medical treatment provided by ☺Name of medical facility and attending physician)

Describe how incident and injury occurred:

What inflicted the injury?

What safety equipment training would have prevented this injury?

Was a non-MSUB employee injured as a result of this incident?  Yes  No

Name and address of all non-MSUB employees injured:

## **Property damage:**

What property was damaged?

Where can damaged property be seen?

Owner of the property:  MSUB  Public  Private

If public/private property, who is the owner?

Witnesses: (List all known witnesses – if more room is needed, continue on the back of this form)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

If police were involved, give the name of the officer:

By my signature below I acknowledge that I have verified to the best of my ability the information contained in the EMPLOYEE INCIDENT REPORT and have provided the information in this report.

\_\_\_\_\_  
Print supervisor's name

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

*Original with EMPLOYEE'S INCIDENT REPORT to the Division of Business Affairs*