MONMOUTH UNIVERSITY

Incident Report

Page 1 - Supervisor Must Complete
Page 2 - Employee/Witness Must Complete

Fax to Human Resources 732-923-4759 or
email: jsteinke@monmouth.edu (office x7594)

Employee Last Name: | First Name: | Date of Incident (MM/DD/YYYY) | Time | ◯ AM ◯ PM

Supervisor Name (Print) | Telephone | Department

Location of Incident (include Bldg, Floor, and Room) | Time employee began work | ◯ AM ◯ PM

What was employee doing just prior to this incident (i.e., mopping, climbing ladder, etc.)?

Incident Response

(Check all that apply)

- ☐ Injury/Illness - Refused Treatment
- ☐ First Aid Provided at Site of Incident
- ☐ Injury/Illness - University Health Center
- ☐ Injury/Illness - Paramedics/Hospital
- ☐ MUPD Response/Report
- ☐ External Police/Fire/Rescue Response

Describe body part(s) affected (*Include Right or Left)*

Describe what happened. **Be specific** and provide details (who, what, when, where, how) *Example: Slipped on wet floor, landed on floor on right hip and hand **or** Skin on right hand exposed to XYZ chemical/product due to spill*

Name(s) of Witness(es) (Print) | Witness(es) Telephone or Email Contact Information

Employee Signature | Date (MM/DD/YYYY)

Supervisor Signature | Date (MM/DD/YYYY)

Dean/ Area Vice President (Print) | Signature | Date (MM/DD/YYYY)

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Accident/Incident Report - Employee/Witness Statement - Page 2

Involved Employee MUST complete.
Additional copies of this page may be printed and completed by witnesses, if applicable.

Fax Human Resources 732-923-4759 or email: jsteinke@monmouth.edu (office x7594)

Name (Print)

Date of Incident (MM/DD/YYYY)

Are you the Employee or Witness?

- ◯ Employee
- ◯ Witness/MU employee
- ◯ Witness/Not MU employee

Employee/Witness Statement

Employee: are you refusing medical treatment and/or First Aid at this time?

◯ Yes ◯ No ◯ Not Applicable

Employee Signature

Date (MM/DD/YYYY)

Witness Signature

Date (MM/DD/YYYY)