Injury/Incident Report Form

MACALESTER

Employee & Supervisor:	PLEASE **(1)** COMPLETE **(2)** SIGN **(3)** SEND THIS FORM TO HR@MACALESTER.EDU ***WITHIN 24 HOURS OF INCIDENT***

EMPLOYEE INFORMATION:

Today's Date: _____ Report Completed by: _____

Employee Name (First, Middle Initial, Last): _____

Home Address (street, city, state, zip code): _____

Local Phone: _____ ☐-HOME ☐-CELL Work Phone: _____

Date of Hire: _____ Full/Part Time/Student Worker _____

Department: _____ Supervisor's Name: _____

Work Schedule: _____ Job Title: _____

INJURY/INCIDENT INFORMATION:

Date of Incident/Injury: _____ Time of Incident/Injury: _____

Date Incident/Injury Reported _____ Time Incident/Injury Reported: _____

Location of Incident/Accident: _____ Body Part Affected: _____

Reported Injury to: (Name and Phone Number) _____

Is This An Original Injury: ☐-Yes ☐-No Is This A Re-Injury? ☐-Yes ☐-No

At What Phase of Workday Incident/Accident Occurred: ☐-Work Period ☐-Rest Period ☐-Meal Period ☐-Entering/Leaving Work ☐-Other

List Witness(es) Names and Phone Numbers: _____

Describe exactly how the incident occurred (who, what, when, where, why and specific acts/conditions which may have led to the incident):

MEDICAL TREATMENT PROVIDED:

☐-Seen by Clinician at MN Occ Health/Urgent Care/ER ⇨ Health Care Facility Name: _____

☐-No Medical Treatment Provided Healthcare Facility Address: _____

☐-First Aid Only Healthcare Facility Phone: _____

☐-Incident Only Treating Clinician's Name _____

MISSED WORK TIME:

☐-Yes ☐-No Was any time missed from work? If "Yes" beginning when? _____

☐-Yes ☐-No Has employee returned to work? If "Yes" when? _____

If "No" what is the anticipated return to work date?

_____ _____
Employee Signature Date:

_____ _____
Supervisor Signature Date:

RETURN COMPLETED INJURY/INCIDENT REPORT FORMS TO HR@MACALESTER.EDU FAX: 651-696-6612

Any person who, with the intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3, MNWC State Statute 60A.955.