



## UNCG ANIMAL CARE & USE PROGRAM Notice of Injury or Safety Event

**Instructions:** Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This should be filed within three (3) days

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss	
Your Name:	
Job Title:	
Supervisor:	
Have you reported this to your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on back if necessary):	
What could have been done to prevent this injury/illness?	
What parts of your body were injured? If near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:



## Supervisor's Accident Investigation Form

**Instructions:** Complete this form within three (3) days after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of: <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report completed by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Other _____
Name of Injured:	
Nature of injury: (most serious one) <input type="checkbox"/> Animal bite <input type="checkbox"/> Abrasion, scrape <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Contusion (to the head) <input type="checkbox"/> Crushing injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Fall <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Temporary/Part time <input type="checkbox"/> Student <input type="checkbox"/> Faculty
	What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Performing normal work activities <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____
	Personal protective equipment used? (if any)
Unsafe workplace conditions: (√ all that apply) <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> No training available <input type="checkbox"/> Insufficient training <input type="checkbox"/> Lack appropriate equipment/tools <input type="checkbox"/> Other _____	Unsafe acts by people: (√ all that apply) <input type="checkbox"/> Performing procedure without training <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear PPE <input type="checkbox"/> Performing unapproved procedure <input type="checkbox"/> Using equipment in unapproved way <input type="checkbox"/> Other _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	



Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No
What changes are needed to prevent this incident/near miss from happening again? <input type="checkbox"/> Stop this activity <input type="checkbox"/> Redesign training steps <input type="checkbox"/> Write now policy/procedure <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Routinely inspect hazard/procedure <input type="checkbox"/> Train the employee <input type="checkbox"/> Train the supervisor/trainer <input type="checkbox"/> Enforce existing policy <input type="checkbox"/> Other _____
Investigation team members:   

Reviewed by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date: \_\_\_\_\_

Please note that procedures relating to injuries occurring on an IACUC-approved protocol need to be reported to the Animal facility operations manager/animal facility staff in a timely manner. This form can be emailed to Mary Martinez at [memarti5@uncg.edu](mailto:memarti5@uncg.edu).