

NAVAJO TECHNICAL UNIVERSITY INCIDENT/ACCIDENT/INJURY REPORT

SUPERVISOR MUST COMPLETE REPORT AND RETURN TO THE HUMAN RESOURCES OFFICE WITHIN 24 HOURS.

Name: _____ Position Title: _____

Date of Incident: _____ Time of Incident: _____ Place of Incident: _____

Witnesses: (if any)

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Phone No: _____ Phone No: _____ Phone No: _____

First Aid Given? Yes No By: _____

Sought medical attention? Yes No Facility name: _____

Reported to Police? Yes No Officer's name: _____

Nature and extent of incident/accident/injuries: (Be specific; use extra sheet if necessary):

Job or activity engaged in at the time of incident/accident/injury (Be specific):

Describe any unsafe conditions, methods or practices related to the incident/accident/injury:

Employee's signature

Date/Time

Supervisor's signature

Date/Time

Department

Location/Bldg No.