

NORTHWEST UNIVERSITY REPORT OF INJURY

Please Print Legibly

Please file with Safety Office within 24 hours of the injury

Name _____
Home/Cell Ph. # _____ NU Work Ext. # _____
Northwest University employee or student I.D. # _____
Employee ___ Student ___ Visitor ___ Other (specify) _____
Date/time occurred _____ Date/time reported _____
Did the injury occur while working at Northwest University? Yes ___ No ___
Location: _____
What were you doing at the time of the injury? _____

To whom was the incident reported? _____ Ph. Ext. # _____
Supervisor (if any) _____ Ph. Ext. # _____
Witness #1 _____ Ph. #home _____ Bus. _____
Witness #2 _____ Ph. # home _____ Bus. _____
First aid treatment? Yes ___ No ___ By whom? _____ Date/time _____
Seen by University nurse? Yes ___ No ___
Leave work due to injury? Yes ___ No ___ How long? _____
Seen by a physician? Yes ___ No ___ Doctor's name ----- Phone # _____
Refused to see a doctor? Yes Reason -----
Vehicle involved? Yes ___ No ___ Vehicle accident report made? Yes ___ No ___
Agency making report. _____ Case # of vehicle accident report _____

Describe incident. Give full details. Include: *Where? What? When? How? Why? Name any others involved and explain their involvement.*

USE SUPPLEMENTAL INJURY REPORT FOR ADDITIONAL INFORMATION

Injured's Signature: _____ Date _____
Supervisor's Signature: _____ Date _____

(Acknowledging Receipt only)
Original to Safety Office - Copies to Supervisor, Injured Person, and Human Resources

