



INJURY/PROPERTY DAMAGE REPORT

Please PRINT or TYPE

THIS FORM IS A CONFIDENTIAL – INTERNAL DOCUMENT TO BE COMPLETED BY UNL EMPLOYEE

TIME & PLACE	Date/Time of Incident	Location: Street, City, UNL Bldg. Rm.#		
PREMISIS CONDITION	Type of Premises		Conditions	
	<input type="checkbox"/> Construction Site	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Dry	<input type="checkbox"/> Uneven Surface
	<input type="checkbox"/> Hallway	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Icy	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Lobby/Entrance	<input type="checkbox"/> Stairway	<input type="checkbox"/> Wet	
	<input type="checkbox"/> Office	<input type="checkbox"/> Street	<input type="checkbox"/> Snowy	_____
	<input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Not Reported			
INCIDENT DEXRIPTION	Describe what happened:			
INJURED PERSON	Name		Age	Phone Number
	Address			
DESCRIPTION OF INJURY	Injury—Describe the type, severity, and body part involved			
	Was medical treatment given? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will seek treatment later			
	Name of medical facility/doctor		<input type="checkbox"/> Transported by ambulance	
			<input type="checkbox"/> Transported by other: _____	
PROPERTY DAMAGE	Owner's Name	Address		Phone Number
	Describe the property and the damage			Estimated repair or replacement cost
WITNESSES Give the full name and address of each witness	Name	Address		Phone Number

NAME/TITLE OF UNL EMPLOYEE COMPLETING THIS REPORT PHONE E-MAIL

UNL DEPARTMENT DATE

NAME/TITLE OF UNL EMPLOYEE'S SUPERVISOR PHONE E-MAIL

SUPERVISOR'S SIGNATURE



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