

Pittsburg State University
Incident Report

Note to employees: Complete this incident report and give to your supervisor within 5 days of the incident. Complete this form even if you do not miss work or seek medical treatment. You may be denied workers compensation benefits if you do not complete this report and give to your supervisor within 5 days.

Name: _____ Dept: _____

Supervisor's Name: _____

Date of Incident: _____ Time of Incident: ____ a.m. / p.m.

Place of Incident: _____

Describe how the incident occurred and what you were doing: _____

Describe your injury: _____

Did you receive medical care? ____ yes ____ no*

If yes, name and address of attending physician: _____

Have you returned to work? ____ yes ____ no* Date returned to work: _____

* Important: Notify your supervisor immediately if you receive medical care for the injury or miss work because of the injury at a later date.

Employee's Signature

Date

Supervisor's Signature

Date

Note to supervisors: Give a copy of this report to the employee and send a copy to the Campus Environmental Officer (c/o Building Trades and Landscape Maintenance). Keep the original in your files. Complete the State of Kansas Employer's Report of Accident. Keep a copy of the SOK Report of Accident for your files. Send the original SOK Employer's Report of Accident with a copy of the Incident Report to Human Resource Services, 204 Russ Hall.