

Pittsburg State University - Incident Report



Note to Employees: Complete this Pitt State Incident Report and give it 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 it to your supervisor within 5 days.

Name: _____ PSU ID Number: _____

Department: _____ Supervisor: _____

Date of Incident: _____ Time of Incident: _____

Date Supervisor Notified: _____

Location of Incident: _____

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

Describe your injury: _____

Were there any witnesses? Yes: _____ No: _____

If Yes, name and phone number of witness(es): _____

Did you receive medical care? Yes: _____ No*: _____

If Yes, name and address of attending physician: _____

Have you returned to work? Yes: _____ No*: _____

*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 Pitt State Incident Report to the employee, HR, and the Campus Safety Officer (safety@pittstate.edu). Keep the original in your files. Next, complete the State of Kansas Employer's Report of Accident through the SSIF Web Portal. (NOTE: our Agency Number is 385) Provide a copy of the SoK Employer's Report of Accident to HR (Russ 204 or payroll@pittstate.edu).