

# 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 Environmental Officer (c/o Facility Operations). 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 hr@pittstate.edu).