

Non-Employee and/or Near Miss Incident Report

Date of Incident:
Name of person(s) involved/affected:
This person is a(n): Uninjured Employee* Uninjured Student Employee* Student Intern Visitor to Campus Other (describe):
* NOTE: This form should NOT be used if an injury occurs to an employee or student employee during work. For such injuries, the supervisor must be informed immediately and the Incident Report (Accident/Injury Report form) must be completed to meet Workers' Compensation Insurance requirements.
Type of incident (Check all that apply): Injury (not to an employee or student employee during work) Environmental Release: the unplanned release of chemicals to the environment (land, water, air)
Near Miss: an incident that has the potential to cause serious injury, property damage or a release to the environment
 A. For ALL INCIDENTS including near misses, complete the following (if applicable): Location of incident (specifics: building & room number, outdoor location, etc.):
 Location of incident (specifics, building & room number, buildoor location, etc.). If incident occurred during an activity, class or event, please name activity:
Briefly describe incident (including the cause of incident, if known):
 Name and title of employee(s) responding (ex., clean up; etc.): Action taken:
 Suggestions for corrective actions that could eliminate or prevent this hazard/incident from happening again:
 B. Complete the following if the incident resulted in an INJURY: NOTE: If injury was to an employee or student employee during work, do NOT use this form. It must be reported on the Incident Report (Accident/Injury Report form). Type of injury incurred: Body part injured: Medical treatment provided (and by whom): Messiah University Student instructed to report to Engle Health Center (academic year only)? YES NO
C. Complete the following if the incident resulted in a chemical RELEASE TO THE ENVIRONMENT:
 Name of chemical substance released: Chemical was released to (<i>Check all that apply</i>):
D. Additional comments:
Name and title of person reporting the incident:
For Office Use Only – Do not write below this line
Name of person responding to report: Tracking #: Date:
Action taken:
Forward a copy of the completed report to the compliance coordinator (<u>dfink@messiah.edu</u> or suite 3015).
For Summer Camps & Conferences only forward a copy to roomess@messigh edu or suite 4510