UNIVERSITY OF OREGON

SAFETY INCIDENT or ACCIDENT REPORT (SIAR)

Office of Risk Management
1260 University of Oregon
1715 Franklin Blvd., Suite 2A

Phone: 541-346-8316
Fax: 541-346-7008
RiskManagement@uoregon.edu

Instructions: To be completed by employee with a supervisor/manager (unclassified) **WITHIN 24 HOURS** of when employee reports a work-related accident, incident or condition. **Complete ALL sections**, do not leave any blanks.

Department _____ Date of Report _____

Date of Incident _____ Time of Incident _____ a.m. or p.m.

Employee Information:

Employee Name _____
Last First MI

Employee ID# _____ Birth Date _____ Position Title _____

Employee Category ○ Regular, full-time ○ Temporary UO ○ Student Worker
○ Regular, part-time ○ Temporary Agency ○ Volunteer

Working Days ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S ☐ S Working Hours _____

Injury Information:

Treatment

- ☐ Received 1st aid
- ☐ Will be seeking medical treatment
- ☐ Received medical treatment (Workers' Compensation Form 801 must also be completed)
- ☐ Hospital transport*
- ☐ Fatality*
- ☐ No treatment
- ☐ Other _____

Work Status

- ☐ Left work early
- ☐ Missed work, dates: _____
- ☐ No missed work

Nature of Injury

- ☐ Burn
- ☐ Bruise
- ☐ Cut
- ☐ Inflammation/irritation
- ☐ Scratches/abrasions
- ☐ Sprain/strain
- ☐ Other _____

Body Part Affected _____
☐ Left ☐ Right ☐ Both

Cause of Injury

- ☐ Burned by: _____
- ☐ Cut by: _____
- ☐ Contact with: _____
- ☐ Struck by: _____

Fall/Slip/Trip
- ☐ Different level
- ☐ Same level
- ☐ Floor condition
- ☐ Weather condition
- ☐ Over object
- ☐ On sidewalk/path
- ☐ On stairs

Sprain/Strain
- ☐ Lifting
- ☐ Bending/squatting
- ☐ Holding/carrying
- ☐ Pushing/pulling
- ☐ Reaching
- ☐ Repetitive motion
- ☐ Stairs
- ☐ Twisting/turning
- ☐ Walking

☐ Other

Blood**

Was blood present? ○ Yes ○ No

If yes, was anyone else exposed to blood? ○ Yes ○ No

How was blood cleaned up? _____

*If fatality or hospital transport, call Office of Risk Management immediately at 541-346-8316.

**Any employee who was exposed to blood or other potentially infectious materials may require a medical consultation within 24 hours. Call Environmental Health & Safety 541-346-3192.

Incident Details:

Specific Site of Incident (i.e. building, room, etc.)	
Task/Activity at Time of Incident	

Describe Incident

List the sequence of events; what happened and why.

Root Causes:

Identify factors that may have contributed to or caused incident (check all that apply):

Management

- ☐ Safety procedures need to be reviewed
- ☐ Training needed

Employee

- ☐ Attention to surroundings
- ☐ Ergonomics or body mechanics

Environment

- ☐ Building condition
- ☐ Chemicals
- ☐ Lighting
- ☐ Weather
- ☐ Caused by a 3rd party

  Name: _____

Equipment

- ☐ Improper use
- ☐ Proper tool not available or not used
- ☐ PPE needs to be reviewed
- ☐ Tool/equipment in need of repair, describe:

  _____

  _____

Other/Explain:

_____

_____

_____

_____

_____

_____

Recommendations:

What can be done to prevent this incident from happening again?

☐ Training ☐ Maintenance/repair ☐ Request assistance with task ☐ Other

Explain: _____

_____

Who will follow up? _____ **Date to be completed:** _____

Signatures: *By signing below, I certify that this information is true and correct to the best of my knowledge.*

	Print Name	Signature	Date	Phone
Employee				
Supervisor				

Return this form to Risk Management **WITHIN 24 HOURS** of notice of incident

FAX: 541-346-7008