# Incident Report

## K-State Research & Extension / College of Agriculture

Instructions: Complete this form and submit it to your department safety committee if something happens that causes—*or could have caused*—an injury, death, or property damage. Call the Safety Office at 785-532-7068 if you do not know who your department safety committee contact person is. Note: If an injury or death occurred, you must ALSO complete the KSU *Standard Accidental Injury Report* and submit it to the Division of Human Resources.

Name:_____ Job Title (if KSU employee):_____

Circle Status: *1. Faculty* *2. Staff* *3. Student-Employee* *4. Student* *5. Visitor*

Department:_____ Supervisor: _____ Date & Time of Incident:_____

Location of Incident:_____

Describe the incident (what happened and where):_____

_____

Describe any injuries that occurred (body part and nature/extent of injury):_____

_____

Describe any damage to equipment, materials, buildings, property, animals, etc.: _____

_____

Did any of the following contribute to this incident? Mark all that apply and explain below:

_____ Equipment, materials, tools, or facilities that were defective, inadequate, outdated, or wrong type for the job.
_____ Lack of maintenance, inspection, or housekeeping.
_____ Equipment, material, or employee located in a hazardous area.
_____ Chemicals that were more toxic or dangerous than necessary for the job.
_____ Lack of safety equipment (gloves, goggles, respirator, eyewash fountain, etc.).
_____ Work procedures that were inadequate or unsafe for the situation.
_____ Lack of proper training.
_____ Lack of qualifications for performing the task or using the equipment.
_____ Fatigue.
_____ Time/schedule/production pressures.
_____ Task requires closer supervision.
_____ Misunderstanding/miscommunication.

Explain any items that you marked: _____

_____

What can be done to prevent something like this from happening again? _____

_____

Describe any action that has already been taken to prevent future occurrences: _____

_____