

# Incident Reporting

UNC EHS



# Supervisors

- Make sure the employee goes to the University Employee Occupational Health Clinic (UEOHC) as soon as possible, forms are filled out within 24 hours and sent to EHS
- If an injury is immediately dangerous to life and health go to the emergency room for treatment

UNC-CH SUPERVISOR'S INCIDENT REPORT FORM APPENDIX C

This form is to be completed by the Supervisor and forwarded to the Department of Environment, Health and Safety along with a copy of the North Carolina Industrial Commission Form 19 (Workers' Compensation Form) as soon as practicable. All incidents involving serious bodily injury or death must be reported to the Department of Environment, Health and Safety (immediately).

General Info.	Injury/Illness      Near Miss		Location of Incident		
	Time of Incident :    AM    PM		Date Incident Occurred /   /		Date Incident Reported /   /
Personal Info.	Name (Last)      (First)      (MI)		Occupation of Injured Worker		
	Length of Employment Years    Months	Length in Present Job Years    Months	Shift 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	Overtime Yes    No	
Accident Description	Injury Type (i.e. cut/strain)		Body Part Affected		Cause of injury
	Describe events leading to incident:				
Witnesses	Name of Witness		Phone #	Before/During/Afterwards	
Immediate Cause	What acts or conditions contributed directly to the incident?				
Basic Cause	What personal and/or job factors contributed to the incident?				
PPE	What Personal Protective Equipment was required for this job?				
	Was it in use?      yes      no				
Risk Assmt.	Probability of event recurring		Severity Potential		Exposure Frequency
	Likely    Possible    Unlikely	Major    Serious    Minor		Frequent    Occasional    Rare	
Prevention	Temporary Fix - What immediate corrective action has been taken to prevent a recurrence?			Permanent Solution - What correction action has been or will be taken to eliminate the basic causes?	
Treatment Data	Medical Treatment			Treatment Status	
	None    UEOHC    ER (life threatening)			None    Medical only    Lost Time (medical note)	
Investigated by	Name		Date of Investigation		
	Signature				

# After Hours and Emergencies

- After-hours needlestick/human blood or body fluid exposures, please call UEOHC at 919-966-9119. The UEOHC line will automatically forward your call to Healthlink in order to gather the appropriate information and put you in contact with the Family Practice physician covering the needlestick hotline.
- For all other after-hour work related injuries that requires immediate medical care, go directly to the UNC Emergency Department. If immediate medical care is not needed, then please report to the UEOHC the following day.
- Remember, for a life-threatening injury or illness, go directly to the Emergency Department located in the Neurosciences Hospital on Manning Drive.

# Forms

- <https://ehs.unc.edu/about/forms/>
- Look under the **workers compensation section** for the employee accident report form, the supervisor accident report form, form 18, and form 19
- Forms have the descriptions of what is needed attached

North Carolina Industrial Commission

Emp. code \_\_\_\_\_ Fund \_\_\_\_\_ Dept \_\_\_\_\_

IC File # \_\_\_\_\_  
\*Emp. Code # 0006020  
\*Carrier Code # Self  
Employer FEIN \_\_\_\_\_  
Carrier File # \_\_\_\_\_

**EMPLOYER'S REPORT OF EMPLOYEE'S INJURY OR OCCUPATIONAL DISEASE TO THE INDUSTRIAL COMMISSION**

**To the Employer:**  
A copy of this Form 19 accompanied by a blank Form 18 must be given to the employee. It does not satisfy the employee's obligation to file a claim. **The filing of this report is required by law.** This form MUST be transmitted to the Industrial Commission through your Insurance Carrier.

**To the Employee:**  
This Form 19 is not your claim for workers' compensation benefits. To make a claim, you must complete and sign the enclosed Form 18 and mail it to Claims Administration, N.C. Industrial Commission, 4335 Mail Service Center, Raleigh, NC 27699-4334 within two years of the date of your injury or last payment of medical compensation. For occupational diseases, the claim must be filed within two years of the date of disability or the date your doctor told you that you have a work-related disease, whichever is later.

**The use of this form is required under the provisions of the Workers' Compensation Act**

The I.C. File # is the unique identifier for this injury. It will be provided by return letter and is to be referenced in all future correspondence.

**\*Required Information.**

University of North Carolina at Chapel Hill (919) 962-5507

Employee's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Employer's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
1120 Estes Drive Extension CB: 1650 Chapel Hill NC 27599  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Self \_\_\_\_\_ Policy Number \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Carrier's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sex:  M  F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Carrier's Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_

<b>Employer</b>	1. Give nature of employer's business _____
<b>Time And Place</b>	2. Location of plant where injury occurred _____ County _____ Department _____ State if employer's premises _____
	3. Date of injury / / 4. Day of week _____ Hour of day _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	5. Was employee paid for entire day <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Date disability began / / <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
<b>Person Injured</b>	7. Date you or the supervisor first knew of injury / / 8. Name of supervisor _____
	9. Occupation when injured _____
	10. (a) Time employed by you _____ (b) Wages per hour \$ _____
	11. (a) No. hours worked per day _____ (b) Wages per day \$ _____ (c) No. of days worked per week _____ (d) Avg. weekly wages w/ overtime \$ _____ (e) If board, lodging, fuel or other advantages were furnished in addition to wages, estimated value per day, week or month \$ _____ per _____
<b>Cause And Nature Of Injury</b>	12. Describe fully how injury occurred and what employee was doing when injured _____ (Statement made without prejudice and without vouching for correctness of information)
	13. List all injuries and specify body part involved (e.g. right hand or left hand) _____
	14. Date & hour returned to work / / at _____ M. 15. If so, at what wages \$ _____ per _____
	16. At what occupation _____ 17. Employee's salary continued in full? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fatal Cases</b>	18. Was employee treated by a physician _____
	19. Has injured employee died <input type="checkbox"/> Yes <input type="checkbox"/> No 20. If so, give date of death (Submit Form 29) / /

Employer name \_\_\_\_\_ Date Completed / /  
Signed by \_\_\_\_\_ Official Title \_\_\_\_\_

**OSHA 301 Information:**

Case Number from Log _____	Date Hired: / /	Time Employee began work on date of incident: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	If off-site medical treatment provided, answer entire next line.
Name of facility _____	Address: Street/City/Zip/Telephone _____	ER visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overnight stay? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

FORM 19  
8/1/08  
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For IC Use Only  
REMARKS: \_\_\_\_\_  
CC: \_\_\_\_\_  
EC: \_\_\_\_\_  
DATE ENTERED: \_\_\_\_\_

**FORM 19**

SELF-INSURED EMPLOYER OR CARRIER MAIL TO:  
NCIC - CLAIMS ADMINISTRATION  
4335 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-4334  
MAIN TELEPHONE: (919) 807-2500  
HELPLINE: (800) 688-8349  
WEBSITE: HTTP://WWW.COMP.STATE.NC.US/




# Accident Investigation

- Someone from EHS may contact you about your incident, this is not to place blame, it is to determine what could be done to mitigate or prevent it from happening in the future
- New procedures could be discussed, new JSA's written, and new PPE could be purchased if the investigation outcome determine that it would help mitigate or prevent future injury
- <https://ehs.unc.edu/workplace-safety/jsa/>

## Job Safety Analysis (JSA) Library

Job Safety Analysis is a safety tool which can be used by UNC-Chapel Hill supervisors and employees to increase the knowledge of hazards in the workplace at their specific work unit that poses a risk of causing injuries and accidents. There are numerous benefits in developing and implementing JSAs including improving knowledge of hazards among UNC-Chapel Hill supervisors and employees, and the prevention of accidents and injuries.

A [blank JSA template](#)  and JSAs that have been developed at UNC-CH for specific departments are available. You can use any of the JSAs as a reference to help develop one specific for a job or work task performed at your specific work unit.

If you have any questions in regards to this training or any other safety questions about Job Safety Analysis, please call Environment, Health and Safety at 919-962-5507.

Athletics - Finley Golf Course

Campus Shops

Dramatic Art

Energy Services

Environment, Health and Safety

Exercise and Sports Science

Facilities Services

Housekeeping

Libraries

Office and Administrative

# Questions and Helpful Links

- If you have any questions contact EHS or the Facilities Safety Officer
- It is important to report incidents and dangerous conditions so any issues can be fixed
- <https://ehs.unc.edu/workplace-safety/worker-comp/injuries/>