



WESTERN ILLINOIS UNIVERSITY
EHS Near Miss/Accident/Incident Reporting Form

Risk Management is responsible for reporting claims to the university's insurance carriers and manages said claims. Please complete the incident reporting form (below) if you wish to report an accident or occurrence to the office of Risk Management.

Please note: If you are a current WIU employee, this form is not a substitute for workers' compensation. Contact WIU's Human Resource Department at HR-Office@wiu.edu or at 309-298-1971 regarding workers' compensation.

Department (If Applicable):

WIU Location: [] MACOMB [] QUAD-CITIES [] OTHER

Incident Date:

Time of Incident:

Building or Nearest WIU Building:

Specific location, such as "first floor stairwell" or "sidewalk in front of":

Name(s) and Contact Information

Submitter Classification: I am a: [] FACULTY [] STAFF [] STUDENT [] CONTRACTOR/VENDOR [] VISITOR/GUEST [] OTHER

Name(s) of Injured

Injured Party 1 Name: Email: Address: Phone:

Injured Party 2 Name: Email: Address: Phone:

Injured Party 3 Name: Email: Address: Phone:

Injured Party 4 Name: Email: Address: Phone:

Name(s) of Witness (If Applicable)

Witness 1 Name:	Email:
Address:	Phone:

Witness 2 Name:	Email:
Address:	Phone:

Incident Details

Were There Injuries?:

YES NO

Nature of incident/potential accident (burn, cut, inhalation, etc.):

Who Was Notified (Check All That Apply):

- WIU Public Safety (Macomb Campus)
- Securitas (Quad-Cities Campus)
- 911 (Police, Fire, Ambulance)
- Supervisor
- Other _____

Incident Apparent Seriousness (if transported to a hospital, select "Major"):

NEAR MISS MINOR MAJOR

Briefly Describe What Happened. Please Be Specific.

***You are encouraged to attach diagrams, pictures, or other documents if available.**

Actions Taken (Check All That Apply):

- First-Aid Treatment Injured Transported To Hospital by Private Vehicle
- Injured Transported To Hospital by Ambulance OTHER TREATMENT _____

Was There Property Damage?:

YES NO

Additional Comments: