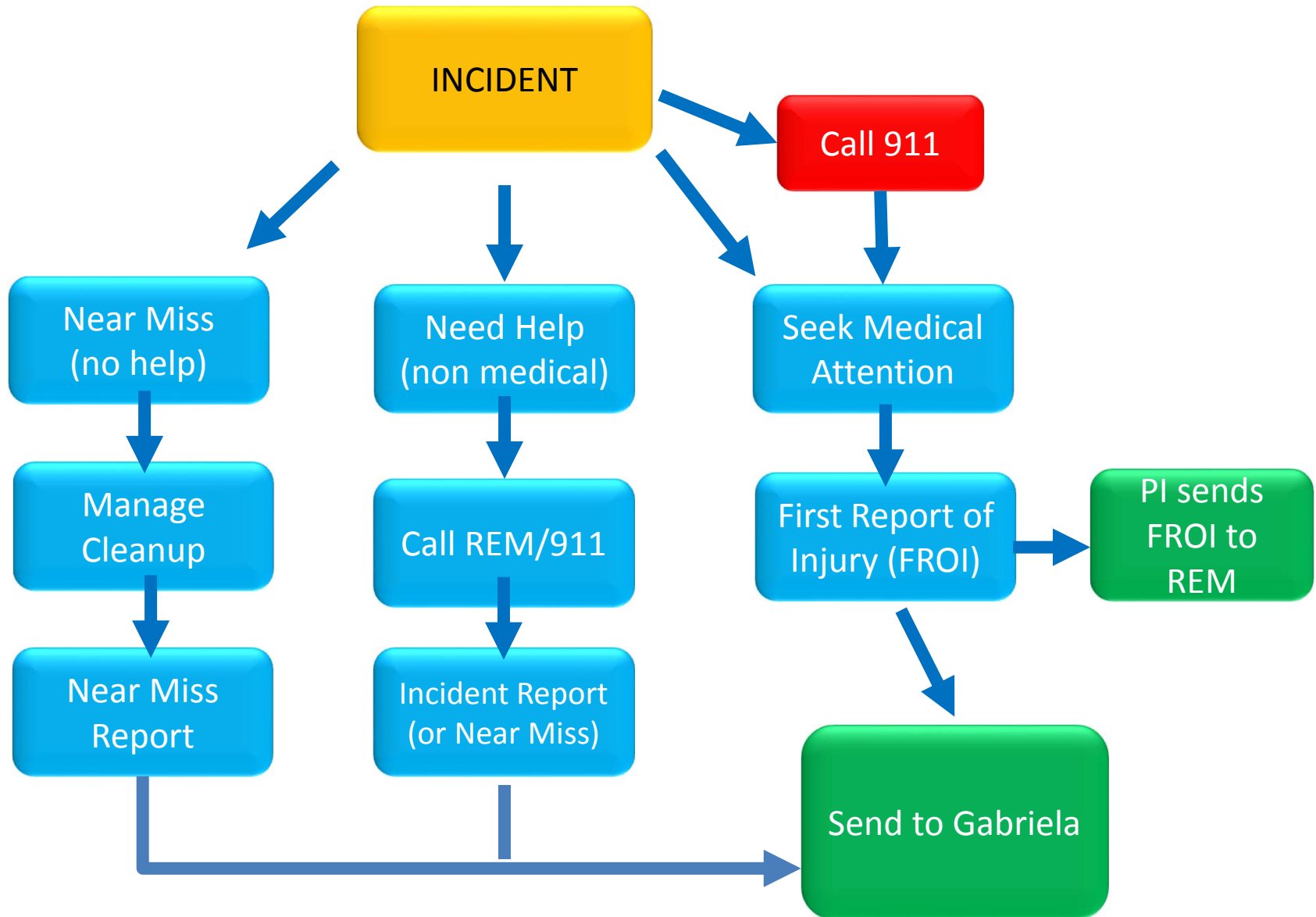


What to do if it happens to YOU



Safety Incident/Near Miss Report



Safety Incident/Near Miss Report Form

Incident title:

Date of incident:

Scene of incident:

People involved:

PI and Safety Officer:

Incident Description:

Immediate Action Taken:

Actions taken to prevent future occurrences:

Safety Officer's Sign Off:

You can access this form at:

<https://engineering.purdue.edu/ChE/AboutUs/Safety.html>

Under the "Workplace Injury Information" section

FROI FORM



Print Form Submit by Email

PURDUE UNIVERSITY

[Click here to go to the "First Report of Injury" web page for more information and a link to a tutorial about completing and submitting this form.](#)

FIRST REPORT OF INJURY

EMPLOYEE INFORMATION

Employee Name:	Department Number:	Date of Hire:	Does employee work in Physical Facilities Zones? <input type="checkbox"/> YES <input type="checkbox"/> NO
Supervisor Name:	Supervisor Telephone:	Person Completing Form:	

INCIDENT INFORMATION

Date of Injury or Illness:	Time Employee Began Work:	Time of Event: <input type="checkbox"/> Cannot be Determined
What was the employee doing just before the incident occurred?		
How did the injury occur?		
What part of the body was affected?	How was it affected?	
What object or substance directly harmed the employee?		
In what building did the incident occur? (If Applicable)		
What is the exact location of the incident?		
Do you expect the employee to lose work beyond the date of injury? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what was the last day worked?	If employee died, when did death occur?
Were there any witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, list witnesses:	

TREATMENT INFORMATION

Did the employee require treatment from a medical provider? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, where was the treatment given? (If the facility is not in the campus dropdown list select "Other" and enter the facility in the field that appears.)			
West Lafayette	Calumet	IPFW	North Central

RESOURCES

Supervisors Accident Investigation Form	Worker's Compensation Website
Worker's Compensation Witness Report Form	

SUPERVISOR ONLY

You can access this form at:

<http://www.purdue.edu/ehps/rem/home/forms/froi.pdf>

OR

<https://engineering.purdue.edu/ChE/AboutUs/Safety.html>

OR

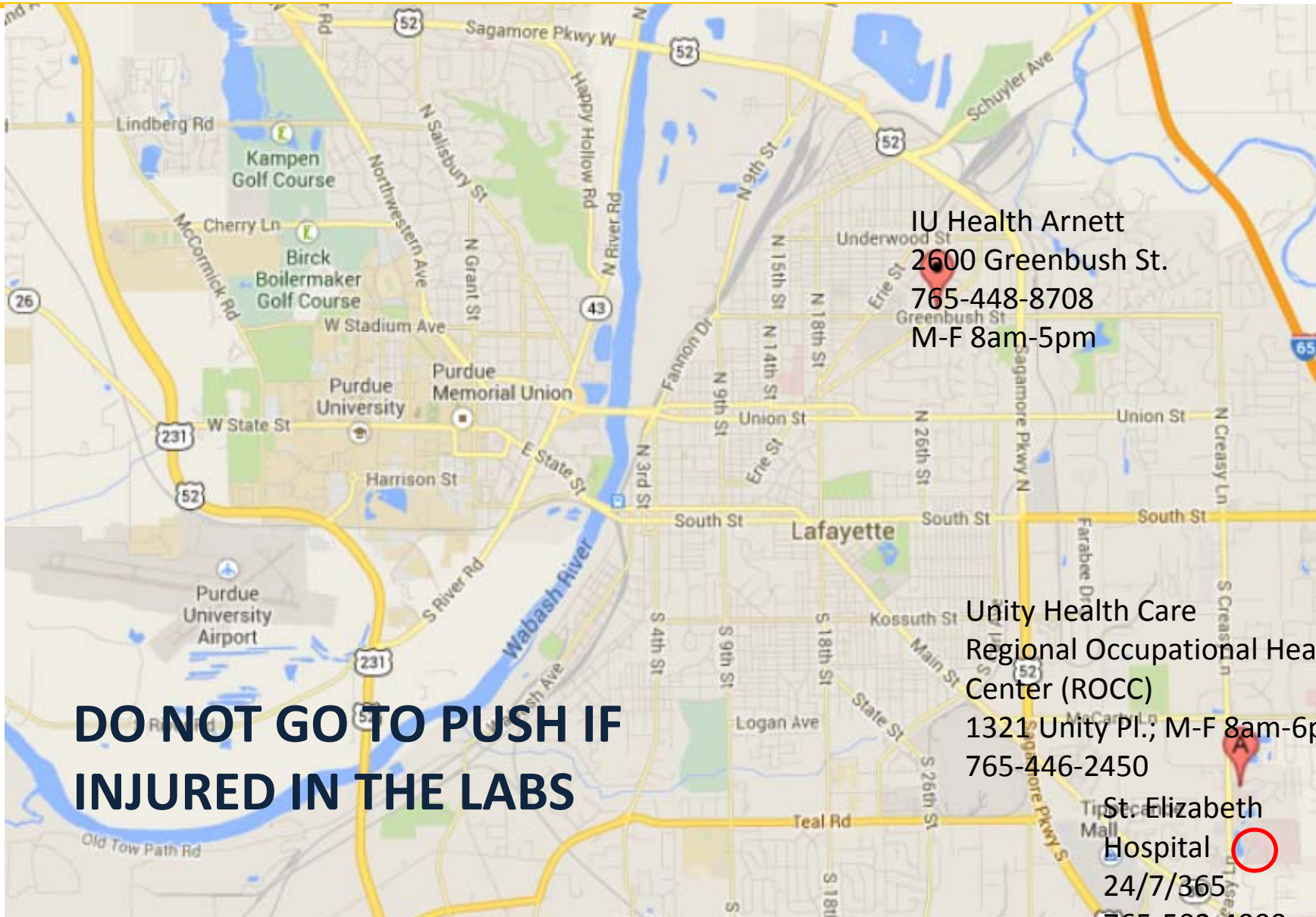
<http://www.purdue.edu/hr/Benefits/wc.html>

Treatment Facilities



- **Indiana University Health Arnett:**
 - **IU Health Arnett Occupational Services:** 2600 Greenbush St., Lafayette (Second Floor), 765-448-8708. Hours: **8 a.m. - 5p.m.** Monday-Friday.
 - Extended hours are available through **Urgent Care:**
 - 1 Walter Scholer Drive (off Old U.S. 231), Lafayette, **8 a.m. – 8 p.m.**
 - 253 Sagamore Parkway West, West Lafayette, **7 a.m. -9 p.m.** every day and **8 a.m. – 8 p.m.** holidays.
- **Unity**
 - **Regional Occupational Health Center (ROCC),** 1321 Unity Place, Creasy Lane, Lafayette. 765-446-2450. Hours: **8 a.m.-6 p.m.,** Monday-Friday.
 - Extended hours are available through **Unity Immediate Care, 8 a.m.-8 p.m.** daily except Christmas.
- **ONLY for serious injuries or when other facilities are closed:**
 - **Franciscan St. Elizabeth Health - Lafayette East** (always open)
 - **Indiana University Health Arnett Hospital Emergency Room** (always open)

Treatment Facilities



IU Health Arnett
2600 Greenbush St.
765-448-8708
M-F 8am-5pm

Unity Health Care
Regional Occupational Health
Center (ROCC)
1321 Unity Pl.; M-F 8am-6pm
765-446-2450

St. Elizabeth
Hospital
24/7/365
765-502-4000

**DO NOT GO TO PUSH IF
INJURED IN THE LABS**