



INCIDENT-INJURY/ILLNESS INVESTIGATION REPORT

ALL ITEMS MUST BE COMPLETED

Preparer's Name: _____ Preparer's Phone Number: _____ Date prepared: _____

GENERAL INFORMATION (Please type or print clearly):

Please Indicate Your Current Status: Employee Student Visitor Other (specify) _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Gender: Male Female

Business Phone: _____ Date of Birth: __/__/____ E-mail: _____

Employee Information Only:

RIN: _____ Portfolio Code* (select from chart at right): _____

Dept: _____ Date of Hire: __/__/____

Days worked per week: ____ Occupation: _____

Hourly/Weekly Wage: \$_____ Normal work week: Monday-Friday Other: ____

Supervisor's Name and Phone: _____ / _____

Supervisor's email: _____

Employee's Shift 6 AM-2:30 PM 8 AM- 5 PM 4 PM-12 AM 12 AM- 8 AM

Employee's Work Status: Full-time Part Time Temporary Seasonal

Employee's Pay Status: Exempt Non-Exempt

Time employee began work: _____ Was drug or alcohol testing done? _____

Did the employee miss work? _____ If yes, dates missed; _____

Was employee paid for full day of injury? _____

Was employee performing regular job duties at time of the incident? _____

Chart	
Portfolio Name	Portfolio Code*
ADMINISTRATION	ADMI2013
ARCHITECTURE	
SCHOOL	ARCH2013
ENGINEERING	
SCHOOL	ENGI2013
ENROLLMENT	ENRO2013
FINANCE	FINA2013
HARTFORD CAMPUS	HART2013
HASS SCHOOL	HASS2013
HUMAN RESOURCES	HUMA2013
DOTCIO	DOTC2013
INSTITUTE	
ADVANCEMENT	INAV2013
MANAGEMENT	
SCHOOL	MANA2013
PRESIDENT'S OFFICE	
(EMPAC, OTC, CBIS, Tech park)	PRES2013
PROVOST	PROV2013
RESEARCH	RESE2013
SCIENCE SCHOOL	SCIE2013
STRATEGIC	
COMMUNICATION	STCO2013
STUDENT LIFE	STLI2013

Student Information Only:

RIN: _____ Major: _____ Advisor: _____

INCIDENT INFORMATION: (Employee, Student, Visitor or Other)

Date of incident: _____ Incident occurred on Rensselaer owned property? Yes No

Time of incident: _____ Location of incident: _____

Address: _____ City: _____ State: _____ Zip: _____

Incident reported to whom? _____

What specific task was the individual performing when the incident occurred? _____

How did the incident occur: _____

Objects or substances that directly caused incident: _____

Describe alleged bodily injury/illness (be specific; use doctor's diagnosis if applicable): _____

Doctor's report (if applicable): Yes No If yes, please attach copy.

List names of all witnesses: _____

Medical Information (Completed by Employee or Student Only)

Did you receive medical treatment): Yes No

Were you treated in an emergency room or Urgent Care Facility? Yes No

Were you hospitalized overnight as an inpatient? Yes No

If yes, who provided treatment (give both doctor's and hospital's information if applicable)?

Physician's name: _____ Hospital: _____

Are you medically restricted due to the incident? _____

If yes, please state restrictions **and** attach corresponding documentation: _____

Corrective Actions (Employee Only, Supervisor to Complete)

Action needed to prevent recurrence (include any job transfers): _____

Actions done thus far: _____

Specify whether employee had any other incidents in the past 12 months: _____

Employee Signature

Date

Supervisor Signature

Date

Student Signature

Date

Visitor/Other Signature

Date

THIS FORM MUST BE SUBMITTED WITHIN 24 HOURS OF THE INCIDENT

This form is used to report incidents, injuries and illnesses and is to be filled out by the person and supervisor involved in the incident, if applicable.

EMPLOYEES send forms to:

Human Resources

21 Union Street - 2nd Floor
Troy, NY 12180

Fax: (518) 276-6370

Email: hrmail@rpi.edu

STUDENTS, VISITORS and OTHERS mail forms to:

Environmental Health & Safety (EH&S)

21 Union Street 2nd Floor
Troy, NY 12180

Risk Management

110 Eighth Street
Troy, NY 12180