



## Workplace Incident Report Form (Non-Laboratory)

Use this form to report a workplace safety incident, unsafe condition, or near-miss. Submit completed reports to [esh@umbc.edu](mailto:esh@umbc.edu). Forms may also be deposited in the Report Form Box located at the front of the Tech 2 Building (adjacent to the Technology Research Center). If there was an injury to a worker associated with this event, please have affected individual submit an [Employee's First Report of Injury form](#) and have their supervisor submit a [Supervisor's First Report of Injury](#) form to the UMBC Office of Environmental Safety and Health Before completing this form. Forms can be found by visiting <https://safety.umbc.edu>. First Report of Injury forms must be submitted within 24hrs of incident. Please visit <https://safety.umbc.edu/work-related-injury-or-illness/> or call (410) 455-2918 for more information.

### INCIDENT DETAILS

Date and time of the incident:

Incident Location (Building and:  
Rm# or Specific Area)

Describe the incident in as much  
detail as you can provide

Witness(es) Phone and Email:

### INCIDENT CATEGORY

Select the appropriate category for the incident:

- ☐ Slip, Trip, or Fall
- ☐ Equipment or Machinery Malfunction
- ☐ Hazardous Material Exposure
- ☐ Fire or Explosion
- ☐ Personal Injury
- ☐ Near Miss (incident with potential for harm but no actual injury)

☐ Other (specify) :

## PERSON(S) INVOLVED

Name(s) of the person(s) directly involved in the incident

Describe the nature and extent of the injuries, if any

Describe the treatments provided, if any

## IMMEDIATE ACTIONS TAKEN

Describe the immediate actions taken to address the incident and ensure safety

## CONTRIBUTING FACTORS

Were there any contributing factors to the incident? If yes, select the relevant factors:

- ☐ Inadequate training
- ☐ Equipment failure
- ☐ Unsafe work conditions
- ☐ Human error

- ☐ Lack of supervision
- ☐ Communication breakdown
- ☐ Other (Specify)

#### CORRECTIVE OR PREVENTATIVE MEASURES

What corrective or preventive measures can be implemented to avoid similar incidents in the future?

#### ADDITIONAL COMMENTS

Is there any additional information or comments you would like to include?

#### REPORTER INFORMATION

Name of Person Completing Report

Job Title / Role

Contact Phone and Email