Department Incident Log

SMU Office of Risk Management
214.768.2807 · fax: 214.768.4138

RISK RESPONSE
SMU RISK MANAGEMENT
www.smu.edu/riskmgmt

This incident log is to be used to document any and all work-related accident or incidents that result in either minor injury or near-miss. If the injury results in an employee having to seek medical treatment (including first-aid) from the SMU Health Center and/or from an off-site medical facility, the employee's manager or supervisor should notify the SMU Office of Risk Management (SMU ORM). The employee's manager should complete and submit a First Report of Incident form. A copy of this log shall be sent to the SMU ORM monthly.

Department: _____ Group/Unit: _____ Month: _____ 20 _____

Date and Time of Incident	
_____ / _____ / _____ (MM / DD / YYYY)	_____ a.m.
Employee's Name: _____	Was first-aid provided to employee? ☐ Yes ☐ No
Job Title: _____	Employee require additional treatment? ☐ Yes ☐ No
	Employee obtained additional treatment from: ☐ SMU Health Center ☐ Personal Physician
Provide a brief description of the incident:	

Date and Time of Incident	
_____ / _____ / _____ (MM / DD / YYYY)	_____ a.m.
Employee's Name: _____	Was first-aid provided to employee? ☐ Yes ☐ No
Job Title: _____	Employee require additional treatment? ☐ Yes ☐ No
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Job Title: _____	Employee require additional treatment? ☐ Yes ☐ No
	Employee obtained additional treatment from: ☐ SMU Health Center ☐ Personal Physician
Provide a brief description of the incident:	

Manager/Supervisor Review:

_____ Employee Supervisor Signature

_____ Printed Name

_____ Date

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