



INCIDENT REPORT UNIVERSITY OF CALIFORNIA AGRICULTURE AND NATURAL RESOURCES

Date/Time of Incident: _____ AM PM Date/Time Incident Report Completed: _____ AM PM

Injury Information (if applicable)

Injured Party's Name: _____ Home Telephone: _____
 Injured Party's Address: _____ Work Telephone: _____
 Injured Party's Affiliation: UC Employee County Employee Contract Employee Volunteer 4-H Member Other: _____
 Location where incident occurred (street address or building/room #):

Nature of Injury (list parts of body affected and type of injury, i.e., sprained right ankle):

Describe how the incident occurred (please just list the facts as you know them; do not speculate as to the cause of the incident):

Medical Treatment Information (if applicable)

Was First Aid administered? Yes No If yes, by whom? _____
 Did the injured party receive medical treatment beyond first aid? Yes No If yes, date and time injured party sought medical attention: _____ AM PM
 Medical Care Provider Name (hospital/physician): _____
 Address: _____ Telephone: _____

Property Damage/Loss Information (if applicable)

Property Owner's Name: _____ Home Telephone: _____
 Property Owner's Address: _____ Work Telephone: _____
 Property Owner's Affiliation: UC Employee County Employee Contract Employee Volunteer 4-H Member Other: _____
 Nature and extent of damage/loss (please attach photographs or diagrams if available):

Police or Other Agency Report (if applicable)

Was a police report filed? Yes No Reporting Agency/Officer: _____ Report #: _____

Witness Information (if applicable)

Name, address and telephone number of witnesses (witnesses may be contacted by Risk Services or other UC officials to investigate the incident):

*This form is intended for documentation of major or minor injuries, accidents, property damage or loss, and near-miss incidents.
 This is not a substitute for Workers' Compensation injury reporting forms. Promptly report all injuries or illnesses to your supervisor.
 Submit completed form to ANR Risk Services as soon as possible, but no later than 48 hours after the incident. See instructions on last page.*

Instructions for Completing ANR Incident Report Form:

General Guidelines

This form is intended to record the initial facts of an incident. Attach additional sheets as needed to describe the incident. Please do not include opinion or speculation in the report. You are not expected to conduct an investigation of the incident. If an investigation is warranted, it will be conducted by another agency (i.e.: police, fire department, insurance company, etc.) or initiated by UC ANR Risk Services. This form will be kept confidential and only used by UC officials or agents acting on behalf of the University. If you have any questions about this form, contact Risk Services at (530) 752-7481.

When should this form be used?

To report any incident, accident or near miss involving ANR employees, volunteers, 4-H members, or property. The form is for either severe or minor incidents, including motor vehicle accidents. This form can be used for reporting minor injuries of employees (those that do not require medical attention beyond first aid), but is not a substitute for Workers' Compensation forms.

Who should use this form?

Any ANR affiliate (employee, volunteer, etc.) may use this form.

What if I do not have all of the requested information?

Fill out the form as completely as possible, but it is understood that some information may not be applicable or available in many cases. Please submit basic information within 48 hours, you can amend the report later if more information becomes available.

Who should I call about the incident?

Report to the incident to your immediate supervisor as soon as practical. If they are not available call the Risk Services Office at (530) 752-7481.

What do I do with the completed form?

Volunteers or other non-employees - submit the completed form to your UC Cooperative Extension (UCCE) County Office.

Employees - retain a copy of the completed form at your office and submit the completed form to:

ANR Risk Services
Ag. Field Station Bldg.
One Shield Ave.
Davis, CA 95616

Telephone: (530) 752-7481
Fax: (530) 752-3930
e-mail: olharris@ucdavis.edu

Where do I obtain a copy of the Incident Report form?

You may obtain copies of the Incident Report form from any CE County Office or on the internet at:

<http://ucanr.org/risk>

Note: 4-H YDP members or adult volunteers may be eligible for "Accident and Sickness" Coverage through a California 4-H Accident Insurance Program policy with Hartford Life & Accident Insurance Company. See your local County 4-H office to obtain the Hartford claim form. Please fill out this incident report in addition to the Hartford claim form.