

Incident Reporting - This Page Completed by Group where Incident Occurred

All incidents must be reported immediately to your supervisor, your Dept. Head, and SRS. Incidents including, but not limited to work related injuries, illnesses, property damage, spills or releases of hazardous substances, hazardous wastes, wastewater, and untreated Stormwater releases to the environment or sewer. Priority must always be the safety and health, and appropriate medical treatment to those impacted by an incident.

Others Present During Incident/Contact Information:

Name (Print): **Phone No.:** **Name (Print):** **Phone No.:**

Location (city, address/area, building, room, (be specific) :

Severity of Incident (Check all that apply): Fatality: ___ Imminent Danger: ___ Serious: ___

Non-Serious: ___ other (explain): _____

Type of Incident (Check all that apply): Injury: ___ Illness: ___ Property Damage: ___ Other: _____

Spill/Release: ___ Untreated Stormwater: ___ Hazardous Waste: ___ Haz. Substance: ___ Wastewater: ___

Date of Incident: _____ **Time of Incident:** _____ **Organization:** _____

Description of Incident (add pages as needed. What happened, how much, etc.):

Immediate action taken (add pages as needed):

Contact Information:

UNM Safety & Risk Services office /24-7 Duty Officer Pager	Phone: 505-277-2753/505-951-0194
UNM Dept. Head (Name):	Phone:
Your Supervisor (Name):	Phone:
UNM Employee Occupational Health Service	Phone: 505-272-8043

Signature of reporting Person/CSO

Name (Print)

Date

INCIDENT REPORTING – THIS PAGE TO BE COMPLETED BY SRS

SRS Investigation Results and conclusions:

Recommended Program Change:

For spills: SRS cleared area for normal occupancy? Yes: ___ No: ___

Method used to clear area for normal occupancy (if relevant):

Date Cleared: _____ **Time cleared:** _____

Cleared by (Print name): _____ **Phone No:** _____

SRS Evaluator (Print name): _____ **Date:** _____

Copy to: CSO ___ Dept. head ___ SRS Director ___ EOHS _____