RISK MANAGEMENT FUND INCIDENT REPORT

STATE OF NORTH DAKOTA

SFN 50508 (08-2014)

(Attach additional sheets if necessary)

May be EXEMPT RECORD
(Contact Risk Management Division)

Department Location Code

☐ Incident
☐ Claim Form Requested
☐ Destruction Hold Notice

1. Date of Incident	2. Day of the Week	3. Time of Incident

4. Address where incident occurred and description of location (building, street, city, highway, mile marker, etc.)

5. Weather Conditions
☐ Clear ☐ Raining ☐ Snowing ☐ Sleeting ☐ Other _____

6. Description of Incident (how or what happened, be specific)

7. Please list all injured/involved participants and/or damaged property

Bodily Injury ☐ Yes ☐ No	Name of Injured/Involved	Age or Date of Birth	Sex ☐ M ☐ F
Individual Status		Was a Worker's Compensation claim filed? ☐ Yes ☐ No	
Address	City	State / ZIP Code	Telephone Number
Describe Injury (list body parts, if applicable)		Was an ergonomic evaluation requested? ☐ Yes ☐ No	

Bodily Injury ☐ Yes ☐ No	Name of Injured/Involved	Age or Date of Birth	Sex ☐ M ☐ F
Individual Status		Was a Worker's Compensation claim filed? ☐ Yes ☐ No	
Address	City	State / ZIP Code	Telephone Number
Describe Injury		Was an ergonomic evaluation requested? ☐ Yes ☐ No	

☐ Property Damage — What was damaged?

Owner Name	Address	City	State	ZIP Code

Owner Telephone Number	Location of Damaged Property	Was any State property damaged? ☐ Yes ☐ No

8. Were there any witnesses? ☐ No ☐ Yes - provide the following information

Witness Name	Address	Telephone Number

Submit online at: www.nd.gov/risk . If you have any questions, please call 701-328-7584.

9. Describe policies and procedures in effect that relate to this incident.

Were policies and procedures followed? ☐ Yes ☐ No - Explain:

10. List all causes of incident (equipment, procedure, environment, behavior)

11. Action Taken

a. Has corrective action been initiated? ☐ Yes ☐ No

If yes, what corrective action is being taken? If no, when will corrective action be taken?

b. Work Order Submitted ☐ Yes ☐ No

c. What safety equipment/training could have prevented this injury?

12. Comments and/or Diagram

Individual Preparing Report (Name of State Employee)		
Title	Telephone Number	Date
Agency Risk Management Contact	Telephone Number	Date