

Oakland University
Contractor Incident Report

Date/Time of Incident: _____ Name of Company _____

Individual Completing Report _____ Phone Number: _____

1. Please describe **in detail** the incident that *could have* resulted, or *did* result, in injury/illness to your employee(s) or Oakland University employee(s)/student(s)/patron(s).

2. Please describe what you consider to be the primary cause of the incident _____

3. Please describe any secondary cause(s) or other contributing factors to the incident: _____

4. Describe injury(s) if anyone was hurt _____

Did injury(s) require medical attention? (Y/N) If so, describe treatment: _____

5. Was the OUPD notified? ___ (Y/N) If so, did OUPD complete a report? ___(Y/N)

6. Which MIOSHA regulation(s) are applicable to the activities you were performing when the incident occurred? _____

7. Would you say that failure to comply that/those MIOSHA reg(s) resulted in the incident? _____ (Y/N) Please explain your response: _____

8. What steps have been taken to ensure that this incident (or a similar incident) does not occur?

Please return this form to the Office of Environmental Health and Safety
Fax (248) 370-4376