RISK MANAGEMENT FUND INCIDENT REPORT

STATE OF NORTH DAKOTA

SFN 50508 (3-2005)

May be EXEMPT RECORD
(Contact Risk Management Division)

Department Location Code

☐ Incident
☐ Claim Form Requested
☐ Destruction Hold Notice

(Attach additional sheets if necessary)

1. Date of Incident	2. Day of 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 (Be Specific)

a. What happened?

b. How did it happen?

7. Result - who or what was injured or damaged? (Check applicable box and complete)

Bodily Injury ☐ Yes ☐ No	Name of Injured		Age or Date of Birth	Sex ☐ M ☐ F
☐ Visitor ☐ Client ☐ Employee ☐ Volunteer ☐ Student			Was a Worker's Compensation Claim Filed? ☐ Yes ☐ No	
Address	City	State	Zip Code	Telephone Number
Describe Injury (List body parts, if applicable)			Request for Ergonomic Evaluation ☐ Yes ☐ No	

Name of Injured			Age or Date of Birth	Sex ☐ M ☐ F
☐ Visitor ☐ Client ☐ Employee ☐ Volunteer ☐ Student			Was a Worker's Compensation Claim Filed? ☐ Yes ☐ No	
Address	City	State	Zip Code	Telephone Number
Describe Injury				

☐ **Property Damage**	What was damaged?	
Who is the owner?	Owner's Address	Owner's Telephone Number
Where can damaged property be seen?		Was any State property damaged? ☐ Yes ☐ No

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

Witness Name	Address	Telephone Number

Submit To:

Director, Risk Management Division
ND Office of Management and Budget
Century Center
1600 East Century Ave Suite 4
Bismarck ND 58503-0649
Phone: 701-328-7584
Fax: 701-328-7585

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

Report Prepared By (Name of State Employee)	Title	
12. Signature	Telephone Number	Date
13. Signature of Agency Risk Management Contact	Telephone Number	Date

Date Submitted to Risk Management	Date Submitted to Loss Control	Date Reviewed by Loss Control