Incident Reporting

**Incidents** are those events where there is no injury or illness, but where a significant event has occurred. Examples of incidents include, but are not limited to, fires, explosions, chemical spills, and damaged safety equipment.

*Please note: This type of report can only be submitted when logged in to CU WorkSafe. It cannot be accessed from the Guest Portal.*

**Reporting Information**

**Person Reporting.** This is the person who is submitting the report. This field will auto-populate with your information.

**Department.** This field is auto-populated from the “Person Reporting”. If the department is missing or incorrect, you may use the “Smart Search” or Lookup Table to select the appropriate department.

**Date and Time Reported.** These correspond to when the report was started, not the date and time that the report was submitted. Once initiated, the date and time of the report cannot be changed.

**To whom was this reported?** Include the first and last name of any person(s) informed of this incident. If listing multiple people, separate names with a comma (e.g. John Smith, Jane Doe). If Emergency Services were called (e.g. CUSERT, DUS), please include this information as well. Any witnesses can be included in the “Witness Information” section later on.

**Supervisor.** This field is auto-populated from the “Person Reporting”. If the supervisor is missing or incorrect, you may use the “Smart Search” or Lookup Table to select the appropriate person. If the supervisor is unknown, select “UNKNOWN, UNKNOWN”.

**Location of Incident**

**Building & Room #.** If the incident took place indoors, include the building and room #: If the incident did not occur in a particular room, include the nearest room, area, or floor. If outdoors, indicate the nearest building(s) and provide a description in the comments section below.

**Location Type.** Selecting a location type helps to identify the exact location where the incident occurred. A lookup table displays all available options.

**Location Comments.** Include all relevant location information not recorded in the previous fields.
Incident Details

**Date of Incident.** Select the date on which incident occurred by clicking on the calendar symbol or by clicking inside the field and selecting the appropriate date.

**Time of Incident.** Type in the time of the incident by following the HH:MM am/pm format. If unsure, please approximate.

**Description of incident.** Include any relevant information about the incident. You may include: events leading up to and following the incident, noises, smells, chemicals or objects involved, and the mental or physical states of persons involved.

Witness Information

Please include the names of any witnesses and any information they may have provided.

Documents & Pictures

Please attach all relevant pictures or documentation related to this incident. This can be done by either clicking the camera icon or by navigating to the Documents tab at the top of the page and selecting 'New'.

Supported File Types

Submit an Incident Report