

*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*