

UNIVERSITY OF NOTRE DAME  
DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY

**INJURY/ILLNESS/INCIDENT/NEAR MISS  
REPORT FORM**

**Personnel Information**

Employee/Student Name \_\_\_\_\_  
Employee/Student University ID# \_\_\_\_\_  
Employee/Student e-mail \_\_\_\_\_  
Employee/Student Supervisor \_\_\_\_\_

**Event Details**

Check where applicable:     Injury     Illness     Incident     Near Miss

Event Date/Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

**Employee/Student Statement** (Description of event—before, during, and after)

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**Supervisor's Comments and Corrective Action Plan**

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\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Submit completed form to the Department Chair's office, 236 Nieuwland Science Hall  
or email to [mprorok@nd.edu](mailto:mprorok@nd.edu)*