

This report is to be completed by the supervisor with the assistance of the affected employee. **Answer All Questions**

Employee Name	Date of Accident
Department	Work Phone #
Nature of Injury/Exposure	
Description of Event: What was employee doing just before and at the time of the incident? What happened or what work conditions contributed (e.g. repetitive motion during pipetting in laboratory, slipped on water on floor in front of ice machine)?	

Factors that contributed to incident/injury – Please check all that apply.

Hazard

- Not recognized/identified
- Identified but not addressed
- Inadequate repair

Work Procedures

- None developed
- Not followed
- Partially followed
- Not understood
- Not appropriate
- Not communicated
- Other _____

Training & Certification

- Insufficient training
- Circumstances not covered
- Ineffective training
- Worker not authorized
- Outdated Training

Communication

- Breakdown in verbal communication
- Breakdown in written communication
- Confusion after communication
- Other _____

Other

- Weather/temperature
- Extended work hours
- Worker fatigue
- Physical overexertion
- Work in elevated area
- Chemical Use
- Biological agent
- Radiation
- Electricity
- Mechanical
- Animals

Facilities/Equipment

- Personal protective equipment (See below)
- Faulty equipment
- Poor/inadequate maintenance
- Inappropriate use
- Missing guards
- Obsolete/antiquated equipment
- Inadequate design
- Ergonomic factors
- Equipment failure
- Trip hazard
- Slip hazard
- Struck by
- Other _____

PPE Requirements

	Req.	Used	Type
Eye	<input type="checkbox"/>	<input type="checkbox"/>	_____
Face	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin/Glove	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Prevention – Describe all corrective actions taken to prevent recurrence (e.g. initiated work order for sidewalk repair, retrained workers on use of eye protection, installed ergonomic keyboard/mouse tray).

Action: _____

Person responsible: _____ Expected Completion Date _____

Action: _____

Person responsible: _____ Expected Completion Date _____

Supervisor Name _____ Title _____ Phone _____

Signature _____ Date _____ Email _____

Employee Name _____ Title _____ Phone _____

Signature (if available) _____ Date _____ Email _____

Dept. Chair/Director Name _____ Signature _____