

# Non Work Related Accident/Incident Report

## Individual Involved

Type of Incident: Near Miss \_\_\_\_, Injury \_\_\_\_, Property Damage \_\_\_\_.

Print all information in black ink

<p>Name: _____  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> </div> </p> <p>Address: _____</p>	<p>Phone: _____</p>	<p>Visitor: ____     Volunteer: ____  Staff: ____     Student: ____  Faculty: ____     Other: ____  Vendor: ____ &amp; Company _____</p>
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## Event Details

<p><b>Date &amp; Time Of Incident:</b>  Date: _____  Time: _____  <input type="checkbox"/> AM     <input type="checkbox"/> PM</p>	<p><b>If the report was not completed within 24 hours, why?</b>  _____</p>	<p><b>Activity at time of incident?</b>  _____</p>	<p><b>Specific Location of Incident:</b>  _____</p>
<p><b>Date &amp; Time Reported:</b>  Date: _____  Time: _____  <input type="checkbox"/> AM     <input type="checkbox"/> PM  Reported To: _____</p>			
<p><b>Nature of injury:</b></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Sprain/Strain  <input type="checkbox"/> Laceration  <input type="checkbox"/> Irritation  <input type="checkbox"/> Repetitive Motion </div> <div> <input type="checkbox"/> Foreign Body  <input type="checkbox"/> Fracture/Dislocation  <input type="checkbox"/> Burn  <input type="checkbox"/> Other _____ </div> </div>	<p><b>Body Part Injured:</b>  _____</p>	<p><b>Witness(s) to the incident:</b>  <b>Name:</b> _____  <b>Address:</b> _____  <b>Phone #:</b> _____  <b>Name:</b> _____  <b>Address:</b> _____  <b>Phone #:</b> _____</p>	
<p><b>Photo Taken:</b> YES __ NO __     By: _____</p>			

**How did the incident/injury occur:** *(Include equipment, Vehicle, tools, chemicals, PPE used, weight and size of material, etc.)*

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_     **Date:** \_\_\_\_\_  
*(Person involved to describe, in detail, what happened. Use additional sheet if needed)*

## Medical Treatment

<p><b>Result of Injury:</b>  <i>(Check all that apply)</i></p> <input type="checkbox"/> First Aid Treatment <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Job Restriction/Light Duty <input type="checkbox"/> Job Transfer <input type="checkbox"/> Other _____	<p><b>Future Medical Care:</b></p> <input type="checkbox"/> Very Likely <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Likely	<p><b>Medical Evaluation / Treatment:</b></p> <p>_____ Tri State Occupational Health, 19<sup>th</sup> at Elm, 584-4600  _____ Medical Associates, 1000 Langworthy, 584-3000  _____ Mercy Hospital ER, 589-9666  _____ Other _____</p>
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# Incident Investigation

**INCIDENT FACTS: List all causes and contributing factors for each of the following categories listed below:**

1. **Activities** – List the specific actions or activities that may have contributed to incident and why: \_\_\_\_\_

2. **Factors** – Identify PPE (personal protective equipment) used, apparel worn, training, job knowledge/planning, preoccupation or any physical factors involved and why: \_\_\_\_\_

3. **Practices** – List any accepted and/or unapproved or unsafe practices that were being performed and why: \_\_\_\_\_

4. **Tools, Equipment, & Machinery** – List all equipment that was involved including the condition and appropriateness of use and why: \_\_\_\_\_

5. **Environment** – Identify the environmental factors including weather conditions, housekeeping, working / walking surfaces, lighting, etc. that may have contributed to the incident and why: \_\_\_\_\_

**RECOMMENDED CORRECTIVE ACTIONS:** List below, the **specific corrective action(s)** that can be taken to eliminate **each** of the unsafe or inappropriate causes or contributing factors listed above:

Person Responsible for Implementation: <i>(Name)</i>	Date Action to be Completed by:	Date Action Completed:
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_____		
_____		
_____		
_____		
_____		
_____		

\_\_\_\_\_  
Person Completing Investigation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Safety Committee Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Safety & Security

\_\_\_\_\_  
Date

\_\_\_\_\_  
V.P. Business & Finance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Human Resources

\_\_\_\_\_  
Date

Submit to Director Safety & Security within 24 hours of incident.  
(Revised June 2009)