Clarke UNIVERSITY

Work Related Accident/Incident Report

Individual Involved

Type of Incident: Near Miss ☐, Injury ☐, Property Damage ☐.

Print all information in black ink

Employee Name: _____ **Last** **First** **Department & Job Title:** _____	**Supervisor:** _____	**Full Time:** ☐ **Part Time:** ☐ **Staff** ☐ **Student Worker** ☐ **Faculty** ☐ **Other** _____

Event Details

Date & Time Of Incident: Date: _____ Time: _____ ☐AM ☐PM **Date & Time Reported:** Date: _____ Time: _____ ☐ AM ☐ PM Reported To: _____	**If the report was not completed within 24 hours, why?** _____ _____ _____ _____	**Work activity at time of incident?** _____ _____ _____ **Is this the employees regular work activity? Yes** ☐ **No** ☐	**Specific Location of Incident:** _____ _____ _____ _____ _____
Nature of injury: ☐Sprain/Strain ☐Foreign Body ☐Laceration ☐Fracture/Dislocation ☐Irritation ☐Burn ☐Repetitive Motion ☐Other _____		**Body Part Injured:**	**Witness(s) to the incident:** **Name:** _____ **Address:** _____ **Phone #:** _____ **Name:** _____ **Address:** _____ **Phone #:** _____
Photo Taken: YES ☐ **NO** ☐ By: _____			

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

_____

_____

_____

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_____

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_____

_____

Employee Signature: _____ **Date:** _____

(Involved employee to describe, in detail, what happened. Use additional sheet if needed)

Medical Treatment

Result of Injury: *(Check all that apply)* ☐First Aid Treatment ☐Medical Treatment ☐Job Restriction/Light Duty ☐Job Transfer ☐Other_____	**Future Medical Care:** ☐Very Likely ☐Not Sure ☐Not Likely	**Medical Evaluation / Treatment:** ☐ **Tri State Occupational Health, 19th at Elm, 584-4600** ☐ **Medical Associates, 1000 Langworthy, 584-3000** ☐ **Mercy Hospital ER, 589-9666** ☐ **Other** _____

Incident Investigation

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

1. **Job Activities –** List the specific actions or activities of the employee that may have contributed to this incident and why:_____

_____

_____

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

_____

_____

3. **Work Practices –** List any accepted and/or unapproved or unsafe work 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. **Work Environment –** Identify the environmental factors including weather conditions, housekeeping, working 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:** *(Name)*	**Date Action to be Completed by:**	**Date Action Completed:**

_____ _____ _____ _____

Investigating Supervisor **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 January 2009)

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