

**Location of Accident**

Location:	City, State:	Department or Area:
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**Employee Information**

Name: (last, first)	SS#:	Department:
Home Address:	Date of Birth:	Occupation:
	Home Phone:	Job when injured:

**Incident Information**

Incident Date:	Report Date:	Type of Injury/Body Part:
Incident Time:	Report Time:	Doctor/Hospital:
Description of Incident: (explain how occurred, people, equipment, process):		
		Witnesses:

**Employee Personal Statement of Facts**

1. Please provide a step by step description of this incident.	
2. Please describe, in detail, any personal injury/illness that resulted from this incident and any medical treatment including medications received.	
3. Describe the status or condition of any work surface, tool, equipment or other physical element involved in this accident.	
4. Describe the location of the accident	
5. Please state how you might have kept this incident from occurring.	
6. Please state what you think the college can do to help protect against a repeat occurrence of this type incident.	
Employee Signature:	Date:

**Cause and Prevention Analysis**

People Directly Involved – Their:	yes	no	n/a	Operating Conditions – Are they:	yes	no	n/a
◆ Unsafe acts/practices				◆ Normal routine conditions			
◆ Lack of safety awareness				◆ Normal, Non-routine conditions			
◆ Lack of proper training				◆ Abnormal conditions			
◆ Judgement factor				◆ Employee created unsafe conditions			
◆ Not following procedure/practice				◆ Work environment unsafe			
◆ Not a factor				◆ Not a factor			
◆ Other				◆ Other			
People Indirectly Involved – Their:				Equipment or Facility – Is There a:			
◆ Unsafe acts/practices				◆ Unrecognized hazard (didn't know)			
◆ Lack of proper training				◆ Recognized hazard-failed to safeguard			
◆ Judgement factor				◆ Hazardous design factor			
◆ Lack of experience				◆ Hazardous installation factor			
◆ Not following procedure/practice				◆ Improper Use of equipment			
◆ Acceptance of unsafe practice/condition				◆ Inadequate equipment			
◆ Lack of supervision				◆ Insufficient equipment			
◆ Not a factor				◆ Not a factor			
◆ Other				◆ Other			
Procedures Involved – Are they:				Procedures Involved – Are they: (con't.)			
◆ Adequate for the job				◆ Available to employees			
◆ Understood by employees				◆ Reviewed routinely			
◆ Employees adequately trained				◆ Other			

**Cause(s):** (consider people, procedures, equipment and facility conditions)


**Action Taken To Prevent Recurrence:** (consider injured employee, other employees, responsible party, equipment)

**Give Completion Dates:** (give positive action, not what should be done)


Supervisor Signature:	Date:
Department Manager Signature:	Date:
Worker's Compensation Coordinator Signature:	Date:

**Workers' Compensation Reporting (completed by Facility Coordinator)**

Sex:	Employee Type:	Length of Service:	Average Hours per Day:
Marital Status:	Shift:	Time on Present Job:	Average Days per Week:
Substance Abuse Testing?:	Reason for OSHA recording or non-recording:		