# Accident/Incident Report

Contact EH&S at 206-543-7388

## Person Reporting Incident*

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Occupation/Position:</td>
<td>Department:</td>
</tr>
<tr>
<td>Date Reported (yyyy-mm-dd):</td>
<td>Time of Reporting:</td>
</tr>
</tbody>
</table>

## Person Involved or Affected*

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Public:</td>
<td></td>
</tr>
</tbody>
</table>

## Incident Details

<table>
<thead>
<tr>
<th>Date of Incident (yyyy/mm/dd):</th>
<th>Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus:</td>
<td>Incident Location/Parking Lot:</td>
</tr>
<tr>
<td>Room:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Incident Details:

## Classification (Please select level and check an item below)

### Level 1
- Near misses
- Incidents with no body injuries
- Injuries requiring first aid
- Injuries requiring medical treatment
- Injuries involving lost work days

### Level 2
- Injuries requiring restricted work or job transfer
- Loss of consciousness
- Property damage

### Level 3
- Workplace Violence
- Fire and Explosion
- For EH&S/Risk Management use only.
  - WC cases
- Death
- In-patient hospitalization of the Injured Party

## Type of Incident

### Nature of Injury

- Open Wound:
  - Laceration, Puncture, Scratch
  - Contusion/Abrasion/Hematoma
  - Burns
  - Sprains/Strains/Twist
  - Fracture/Dislocation
  - Pain/Infammation/Edema
  - Electric Shock
  - Hearing Loss
  - Heart/Circulatory Diseases
  - Needlestick/Sharps
  - Exposure to Potential Infectious Material
  - Splash
  - Poisoning by Substance

- Respiratory Conditions
- Mental/Emotional Distress
- Allergy/Sensitivity Reaction
- Chronic Irreversible Disease
- Loss of Consciousness
- Skin Disorders
- Punctured Ear Drum
- Tuberculosis Infection
- Non-personal Damage
- None
- Other

### Body Parts Affected

- Head
- Eyes
- Ears
- Nose
- Mouth
- Neck
- Chest/Shoulders
- Torso/Side
- Back
- Abdomen
- Buttocks
- Elbows
- Arms
- Fingers
- Hands/Wrists
- Hip/Pelvis
- Legs
- Knees
- Feet/Ankles/Toes
- Groin
- Body Systems
- None
- Other

### What caused the harm

- Bites/Scratches/Kicks
- Struck by Object
- Contact with Objects
- Overexertion
- Fall from Elevation
- Slip or Trip
- Repetitive Motion Injury
- Bio-hazardous Materials/Infectious Diseases
- Needles/Sharps
- Noise
- Fire
- Electricity
- Chemicals
- Machinery
- Tools/Instruments
- Structures/Surfaces
- Violence: Patient, Staff, Visitors
- Radiation
- Motor Vehicles
- Non-human Primates
- Drugs
- None
- Other

*EH&S has hire date, date of birth, employee’s gender and hours of employment on file*
### Possible Causes

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Environment</th>
<th>Policies/Procedures</th>
<th>Human Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Defective Tools/Equipment</td>
<td>□ Inadequate Ventilation</td>
<td>□ Failure to Follow Procedures</td>
<td>□ Inadequate Training</td>
</tr>
<tr>
<td>□ Defective Material</td>
<td>□ Inadequate or Excessive Illumination</td>
<td>□ Inadequate/ Improper PPE</td>
<td>□ Physical Assault</td>
</tr>
<tr>
<td>□ No Guards/Barriers</td>
<td>□ Air Contaminants</td>
<td>□ PPE Not Used</td>
<td>□ Inattention</td>
</tr>
<tr>
<td>□ Inadequate Guards/Barriers</td>
<td>□ Chemicals</td>
<td>□ Improper Lifting</td>
<td>□ Loss of Balance</td>
</tr>
<tr>
<td>□ Using Equipment Improperly</td>
<td>□ Noise</td>
<td>□ Failure to Follow Established Protocols/ Procedures</td>
<td>□ Rushing</td>
</tr>
<tr>
<td>□ Inadequate Maintenance</td>
<td>□ Fire/Exposition</td>
<td>□ Inadequate Planning/ Preparation</td>
<td>□ Phobia/Anxiety</td>
</tr>
<tr>
<td>□ Improper Equipment</td>
<td>□ Animal Action</td>
<td>□ Inadequate Support/ Assistance</td>
<td>□ Horseplay</td>
</tr>
<tr>
<td>□ Other</td>
<td></td>
<td>□ Other</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

### Environment Policies/Procedures

| □ Failure to Follow Procedures  | □ Appropriate Procedures Non-existent | □ Inadequate Training                           | □ Verbal Assault                             |
| □ Inadequate Instructions/Procedures | □ Inadequate Planning/Preparation | □ Physical Assault                              | □ Physical Assault                           |
| □ Inadequate Support/Assistance | □ Other                             | □ Inattention                                    | □ Inattention                                |

### Human Factors

| □ Inadequate Training            | □ Improper PPE                  | □ PPE Not Used                                   | □ Loss of Balance                            |
| □ Inadequate/Improper PPE        | □ Improper Lifting              | □ Failure to Follow Established Protocols/Procedures | □ Rushing                                    |
| □ PPE Not Used                   | □ Improper Planning/Preparation | □ Inadequate Support/Assistance                  | □ Phobia/Anxiety                             |
| □ Improper Lifting               | □ Failure to Follow Established Protocols/Procedures | □ Other                                           | □ Horseplay                                  |

### Suggested Corrective Actions By the Affected Party

- [ ] Provide safety training
- [ ] Change/review work procedures
- [ ] Undertake hazard assessment
- [ ] Provide PPE
- [ ] Submit request for maintenance/repair
- [ ] Other
- [ ] Change work area layout/design
- [ ] Other

Suggested corrective action by the affected party: 

### Management Review

Possible Causes:

(Please look at all the factors that may have contributed to the accident. Such factors may include equipment, policies, procedures, and personnel.)

Recommendations/Preventive Measures:

### Supervisor or University Representative

Corrective Actions Target Date (mm/dd/yyyy): 
Corrective Actions Complete Date (mm/dd/yyyy): 

Name: 
Phone Number: 
Email: 

Approve Investigation and Corrective Actions: [ ] Yes [ ] No 
Corrective Actions Complete: [ ] Yes [ ] No 

Comments: 

Please keep a copy, send copy to supervisor, and send original to EH&S, Box 354400

For EH&S Use Only: Incident Investigation Report Number (IIR): __________