



Reed College
3203 Southeast Woodstock Blvd
Portland, Oregon 97202-8199

Accident/Incident Reporting and Investigation

Effective Date: October 8, 2007

Revision Dates or Last Date: August 13, 2019

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I. PURPOSE

Sometimes unplanned events can be joyful. But unplanned events such as workplace accidents can cause personal injury, pain, and reduced productivity. They can undermine morale, reduce income, and increase medical costs and indemnity bills among others. Almost all accidents are preventable. Each one has a cause – the failure of people, equipment, materials, or environments to behave or react as expected. Accident investigation is an important tool in the Reed College accident prevention program. By providing insight into the causes of an accident, it can prevent a similar or more serious accident from happening.

II. REPORTS TO BE COMPLETED

Report all injuries to the supervisor, even those that do not require medical attention. This protects the worker in the event that the injury worsens and results in lost time or a trip to the doctor. Also report those injuries which seem trivial at the time because studies show that time loss injuries are often preceded by less severe incidents. Early investigation and mitigation of potential problems can lead to reduced occupational accidents, but these incidents must be reported in order for the College to adequately evaluate the risks.

Supervisors are required to complete the "Accident/Incident Report" form to report any incident (an accident with no medical or time lost), which occurs in his/her/their area, even if it happens to a volunteer or visitor. A copy of this form needs to be forwarded to the Human Resources Office within 3 days following the accident so a timely investigation can occur. The form can be obtained from the Human Resources office or [website](#).

A copy of the "Accident/Incident Report" form is also included at the end of this document and is available on the Reed Environmental Health and Safety [website](#).

Form 801 ("Report of Occupational Injury and Disease") should also be completed by the supervisor within three calendar days of the injury or illness. If an on-the-job injury results in a visit to a physician or in time lost from work, the supervisor and injured employee, if available, are required to fill out an 801 form. This form is available from the Human Resources office or [website](#). The Human Resources Office will forward a copy of the completed form to the Environmental/Safety Coordinator in order to conduct a timely investigation. Because of the lag time associated with these written reports, report all serious accidents by telephone to the Human Resources Office (ext. 7608) and/or the Environmental/Safety Coordinator (ext. 7788) immediately. Failure to promptly file an 801 form may slow or reduce an injured worker's benefits.

III. WORKERS' COMPENSATION RULES AND INFORMATION

What happens if you get hurt on the job? Call 911 if your injury is life threatening or Community Safety (ext. 6666) for serious injuries requiring medical transport. Then, as noted above, **you must report your injury immediately to your supervisor!** (If you are severely injured and need immediate medical attention, a co-worker can inform your supervisor.) If necessary, seek medical attention. In Oregon, you may choose your own physician. However, the doctor you select must practice in Oregon. When you first see your physician for a workers' compensation claim, **inform the physician that your injury happened on the job** or that you believe your illness is job related.

After receiving your completed form 801, the insurance company will decide to accept or deny the claim within 60 days from the day you told your employer about your injury. If your claim is accepted, you will receive a Notice of Acceptance from the insurer. If your claim is denied, you will receive a letter from the insurer telling you about your right to appeal the denial.

IV. INSTRUCTIONS FOR COMPLETING “ACCIDENT/INCIDENT REPORT”

(Extra copies available from the Human Resources Office)

The supervisor, instructor, or department administrator is required to complete Section I, II, and III of the Accident/Incident Report.

Section 1 : INJURED PARTY

1. Self-explanatory.
2. Note the exact date, time of the accident, and to whom she/he reported the accident. If the individual did not report the accident within 24 hours, find out why. Also, remind employees to report all accidents within 24 hours.
3. Describe the accident location in detail. Refer to roads and places by exact names.
4. Give a very thorough description of the accident. Talk with any witnesses before completing this section. List name(s) of witness(es).
5. Self-explanatory.
6. If the accident involved faulty equipment, explain what equipment was involved and what happened to the equipment. If the manufacturer is at fault, claims costs can be recovered and the College will not be required to pay the costs. Be sure to save the faulty equipment.
7. If the cause of the accident was by another person not employed by the College, there could be a third party claim. The other party's insurance company may be responsible for the claim costs.
8. Be very specific about the injury or injuries. List any parts of the body injured as a result of the accident.
9. Note what type of medical treatment administered, when, and by whom.
10. Is this a job-related injury.
11. Self-explanatory.
12. Self-explanatory.
13. If you have knowledge of other accidents caused by this situation, discuss those accidents here.

Section II: FINDINGS Report what you think caused the accident

1. Surface Causes(s): what do you think caused the accident, such as unsafe conditions and/or work practices.
2. Roots Cause(s): what was the underlying cause of the accident such as policies, procedures, supervision, training, decision-making, or other factors that contributed to unsafe conditions or work practices.

Section III: RECOMMENDATIONS

1. Immediate Corrections what can be done immediately to reduce or eliminate unsafe conditions and/or work practices.
2. Long Term Corrections how can policies, procedures, training, etc. be modified to make sure unsafe conditions and/or practices do not reoccur.

Section IV: FOLLOW-UP

A person designated as the Accident Investigator will follow-up on all accidents that occur on Reed property and report to the safety committee corrective actions taken.

V. INSTRUCTIONS FOR COMPLETING "801 FORM"

Contact Human Resources or visit their [website](#) for more information about filling out this form.

VI. APPENDIX A: ACCIDENT/INCIDENT REPORT FORM

Please report injuries or illnesses to human resources **as soon as possible and within 24 hours**, either by calling x7255 or sending an email to hr@reed.edu. Complete this form and forward a copy to the human resources office **within 3 days** of the accident/incident. **Print clearly in black ink** and attach to Form 801 if the incident is work related. This form is to be completed by both the **employee** and their **supervisor**.

Section I: To be completed by **INJURED PERSON**:

Faculty ☐ Staff ☐ Student Worker ☐ Student ☐ Volunteer ☐ Visitor ☐

Is this a job-related injury? Yes ☐ No ☐ Unknown ☐ What shift were you working? _____

1. Name of injured _____ Telephone number _____

Address _____

2. Department _____ Immediate Supervisor _____ Ext. _____

3. Date and time event *occurred* _____ Date and time event *reported* _____

To whom reported? _____

4. Location (room, bldg, dock, etc) _____

5. Describe accident/incident fully. Attach separate sheet if necessary. _____

6. List witnesses. Include telephone number and address, if possible. _____

Please attach witness statements, if applicable.

7. Was equipment involved? Yes ☐ No ☐ If yes, identify. _____

8. Did another person not employed by Reed College cause accident/incident? Yes ☐ No ☐

Name _____ Address _____

9. Describe injury (part of body, type of injury). _____

10. Describe first aid/medical treatment (when administered and by whom; for example, self care, occupational health clinic, ER). _____

11. List personal protective equipment worn at the time of the incident, for example, gloves, safety glasses, etc. _____

12. Were you doing your usual job duties at the time of this incident? Yes ☐ No ☐

13. Employed in current *position* since (M/Y) _____ Job Title _____

14. If there was a delay in seeking treatment or in notifying your employer of this injury, please explain the circumstances: _____

15. Have you injured or had treatment in the past to this body part? If yes, please explain in detail how you were injured and who treated you for your injury. _____

This information is accurate to the best of my knowledge and understanding.

Signature of employee: _____ Date: _____

Section II: FINDINGS/RECOMMENDATIONS:

To be completed by the SUPERVISOR: (Attach separate page if necessary.)

1. Has there been an accident scene investigation? Yes ☐ No ☐ and/or witness interview? Yes ☐ No ☐
2. What were the conditions and/or work practices that may have contributed to this injury/accident?: _____

3. What actions may have contributed to this injury/accident? (by employee, witnesses, or others): _____

4. To the best of your knowledge, has this situation caused accidents/incidents in the past?
Yes ☐ No ☐ Unknown ☐ If "Yes," please
describe: _____

5. Describe possible causes that may have contributed to this injury/accident (i.e. policies, procedures, supervision, training, decision-making, and other factors): _____

6. Describe the immediate corrective actions that have been taken to reduce or eliminate unsafe conditions and/or work practices: _____

7. Describe long-term corrections that can be made to ensure unsafe conditions and/or practices do not recur (such as policies, procedures, training) and provide an implementation schedule for these actions:

Supervisor signature: _____ **Date:** _____

Name: _____ **Dept.:** _____ **Ext.:** _____

Section III: To be completed by Health and Safety Committee / EHS Accident Investigator:

Corrective Actions Taken:

1. **Immediate Corrections:** _____

2. **Long Term Corrections:** _____

Investigated by _____
Title _____ Date _____
Department _____

Follow-up by _____
Title _____ Date _____
Department _____

ATTACHMENTS: (Photos, sketches, SDSs, interview notes, additional findings, reports, etc.)