



## ACCIDENT/INCIDENT REPORT

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](mailto: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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Investigated by _____	Follow-up by _____
Title _____ Date _____	Title _____ Date _____
Department _____	Department _____

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