



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. 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 _____ | Follow-up by _____ |
| Title _____ Date _____ | Title _____ Date _____ |
| Department _____ | Department _____ |

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