

Bowdoin College

Accident/Incident Investigation Form – Employee Report

EMPLOYEE INFORMATION

Employees must report any accident/incident to their supervisor immediately, and complete a written statement in support of their report. Please fill in the following as completely as possible. You must contact Human Resources (x3837) prior to obtaining voluntary outside medical attention.

Employee Name:

Address:

City:

State & Zip:

Phone #:

DOB:

Male Female

GENERAL ACCIDENT INVESTIGATION

Name of individual completing the report:

Date of accident/incident:

Time of accident:

Shift:

Overtime: Y/N

Supervisor's Name:

Date you reported the incident to your supervisor:

Time:

When was supervisor notified? Immediately Later Explain:

Witness(es)? (*witnesses must also complete a written statement – attach to this document)

Describe location where accident/incident occurred:

Describe work being performed during accident/incident:

How long have you been performing these duties?

Was work within normal job duties?

Do you work for any other employers? Y/N If yes, please list:

ACCIDENT INVESTIGATION

Contributing factors: Human error Unsafe conditions Weather Equipment Other

Explain:

Type of equipment, tool, vehicle, etc. involved:

Was the right tool or equipment (e.g. safety glasses, Kevlar gloves, hearing protection, etc.) being used for the job?

ACCIDENT INVESTIGATION (CONTINUED)

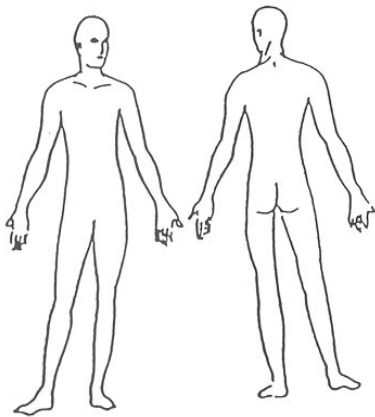
Part of body:
Employees involved:
Activity being performed:

Please describe the incident to the best of your ability. What were you doing at the time of the incident?

Do you have any suggestions to prevent this type of accident from recurring?

Do you have any discomfort? Y/N Please describe the type of discomfort you are feeling:

Please identify the area in which you received an injury and any areas where you are feeling pain: Specify front or back.



If your injury is serious and you require emergency medical treatment, contact SECURITY (x3500) and emergency medical transport will be arranged for you. If the accident/incident involved chemical exposure, a copy of the MSDS sheet must be provided to the hospital.

All employees have the right to see their own physician and/or obtain a second opinion after 10 days from the date of the incident.

Individual completing report (signature):

Date:

Bowdoin College

Accident/Incident Investigation Form – Supervisor Report

REPORTING GUIDELINES

Employees must report to the attending supervisor immediately and provide a signed statement for the A/I report (separate form*).

Witnesses must also provide a signed statement for inclusion in the report.

Supervisors will conduct the preliminary investigation as outlined below, and report accordingly:

-If an EMERGENCY, **notify Security (x3500) immediately** for response services.

-If situation requires formal investigation and/or hazard elimination; OR if medical treatment beyond basic first aid is needed; OR if lost time is anticipated, **first notify Human Resources (x3837)** and then the EHS Manager (x3763) immediately.

-File the written accident/incident report first with HR within **24-hours** regardless and a copy to EHS for remediation.

-If the accident/incident involved chemical exposure, a copy of the **MSDS** sheet must be attached to the report.

Filing: Electronically from HR or EHS websites (signed hard copy to supervisor's file)

by Fax to HR (725-3976) and EHS(798-7120) and Date Report Filed: _____ Time: _____ am/pm

CONTACT INFORMATION:

Employee Name:

Signature:

Supervisor's Name:

Signature:

Department:

Ext:

Witness(es):

DESCRIPTION OF ACCIDENT/INCIDENT:

Incident Date:

Time:

am/pm

Shift Assignment

Overtime? Y/N

Exact Location:

Description: (*SPECIFY injury type and body part; attach pages as needed)

RESPONSE TO ACCIDENT/INCIDENT:

First aid given?

Yes:

No:

Provider:

Medical treatment needed?

Provider:

Lost time anticipated?

Start date:

Time:

am/pm

Security/HR/EHS notification?
(check all that apply)

Call date:

Time:

am/pm

Specific response actions taken: (attach additional pages as needed)

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION:

Root Cause(s)?

(physical hazard, repetitive motion, equipment failure, etc.)

Contributing Factor(s)?

(weather, employee error, health conditions, failure to use safety equipment, etc.)

Policy/Procedure Violation(s)?

(personal protective equipment use, following instructions, work habitats, timely reporting, etc.)

Action(s) to prevent recurrence?

Bowdoin College Accident/Incident Investigation Form – Witness Statement

WITNESS STATEMENT OF ACCIDENT

Witness #1

Name of employee involved in accident:
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Please describe your observation of the accident:

Do you have any suggestions to help prevent future accidents such as this?

Witness Signature:	Date:
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Witness #2

Please describe your observation of the accident:

Do you have any suggestions to help prevent future accidents such as this?

Witness Signature:	Date:
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