

SUPERVISOR'S ACCIDENT/INCIDENT 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, notify both the EHS Manager (x3314) and HR Services (x3837) IMMEDIATELY.
- File the written accident/incident report with both EHS and HR within 24-hours, regardless.
- If the accident/incident involved chemical exposure, a copy of the MSDS sheet must be attached to the report.

Filing by _____ Webform on EHS/HR websites (signed hard copy to supervisor's file)
_____ Fax to EHS (x7120) and HR (x3976)
_____ Campus Mail to EHS and HR
Date Report Filed _____ Time (am/pm) _____

Contact Information

Employee Name _____ Signature _____
Supervisor's Name _____ Signature _____
Department _____ Ext# _____ Witness(es) _____
Other Employer(s)? _____

Description of Accident/Incident

Incident Date _____ Time (am/pm) _____ Shift Assignment _____ Overtime? _____
Exact Location _____
Description _____

Response to Accident/Incident

First Aid Given? _____ YES _____ NO _____ Provider _____
Medical Treatment Needed? _____ YES _____ NO _____ Provider _____
Lost Time Anticipated? _____ Start Date _____ Time (am/pm) _____
Security / EHS / HR Notification? _____ Call Date _____ Time (am/pm) _____
Specific Response Actions Taken _____

Supervisor's Accident/Incident Investigation

Root Cause(s)? _____
Contributing Factor(s)? _____
Policy/Procedure Violation(s)? _____
Action(s) to prevent recurrence? _____

EHS/HR ONLY

_____ Report Only (RO) _____ No further action
_____ Medical Only (MO) _____ EHS/HR investigation required
_____ Lost Time (LT) _____ Hazard elimination required
_____ OSHA 300 Log Reportable _____ Policy/procedure review recommended
_____ Hold open for further action _____ Disciplinary action recommended
_____ Refer for review to _____ Medical reassignment/restricted duty
Reviewer's Signature _____ FROI Date _____ Time (am/pm) _____