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 (x3763) and HR Services Manager (x3839) 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: Electronically from EHS or HR websites (signed hard copy to supervisor's file)
by Fax to EHS (798-7120) and HR (725-3976)
by Campus Mail

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: ________________ Shift Assignment: ________________ Overtime? Yes/No

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? YES NO Provider: __________________

Lost Time anticipated? YES NO Start Date: ________________ Time: ________________ am/pm

Security / EHS / HR notification? YES NO Call Date: ________________ Time: ________________ am/pm

("circle all that apply"

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, etc.)

Policy/Procedure Violation(s)?

("PPE use, following instructions, work habits, timely reporting, etc.)

Action(s) to prevent recurrence?

("hazard elimination, equipment repair/replacement, employee counseling, etc.)

EHS/HR ONLY:

Report Only (RO) Medical Only (MO) Lost Time (LT)
OSHA 300 Log Reportable Hold open for further action
Refer for review to: __________________

Reviewer's Signature: __________________ FROI Date: ________________ Time: ________________ am/pm

No further action EHS/HR investigation required
Hazard elimination required Policy/procedure review recommended
Disciplinary action recommended Medical reassignment/restricted duty recommended

Bowdoin College
cats/3500
EMPLOYEES MUST REPORT ANY ACCIDENT OR INCIDENT TO THEIR SUPERVISOR IMMEDIATELY, AND COMPLETE A WRITTEN STATEMENT IN SUPPORT OF THEIR REPORT. PLEASE FILL IN THE FOLLOWING AS COMPLETELY AS POSSIBLE, AND IF NECESSARY YOUR SUPERVISOR WILL ARRANGE FOR MEDICAL ATTENTION ACCORDING TO THE GUIDELINES PROVIDED.

THE HUMAN RESOURCES SERVICES MANAGER (x3839) AND/OR THE EHS MANAGER (x3763) MUST BE CONTACTED PRIOR TO OBTAINING VOLUNTARY OUTSIDE MEDICAL ATTENTION, AS OUTLINED BELOW.

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<tr>
<th>Employee Name:</th>
<th>Signature:</th>
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<tr>
<td>Supervisor's Name:</td>
<td>Department:</td>
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<tr>
<td>Witness(es)?</td>
<td>Signature(s):</td>
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<td>(*witnesses must also complete a written statement - attach to this document)</td>
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When did the incident happen?

<table>
<thead>
<tr>
<th>Incident Date:</th>
<th>Time:</th>
<th>Shift Assignment:</th>
<th>Overtime?</th>
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<tbody>
<tr>
<td></td>
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<td>Yes/No</td>
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Where exactly did the incident happen?

What were you doing at the time of the incident?

How did the incident happen? Please specify the injury type and body part, and indicate on the human figure below.

(*continue on back of page or attach additional sheets as needed)

When did you report the incident to your supervisor?

<table>
<thead>
<tr>
<th>Reporting Date:</th>
<th>Time:</th>
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IF AN EMERGENCY, or after normal work hours, please seek care at the Emergency Room of either Parkview Medical Center, or Midcoast Hospital. Security (x3500) should be contacted to arrange for emergency services and/or transportation.

- Parkview Medical Center
  Maine Street, Brunswick, ME 04011
  373-2000
- Midcoast Hospital
  123 Medical Center Drive, Brunswick, ME 04011
  729-0181

IF NOT an emergency, and during normal work hours (Mon-Fri, 8am-5pm), please make an appointment at either Occupational Health Associates (OHA) or US Healthworks - these are our preferred providers.

- Occupational Health Associates (OHA)
  893 State Road (Route 1), West Bath, ME 04530
  442-8625
- US Healthworks
  430 Bath Road (Route 1), Brunswick, ME 04011
  443-5816

If the incident/accident involved chemical exposure, a copy of the MSDS sheet must accompany the injured person 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.