

# 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?

Call date:

Time:

am/pm

(check 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, 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?

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

**PREVENTION**

Safety device available?  Yes  No / In use?  Yes  No / In use correctly?  Yes  No

Describe the safety appliance:

Was a job safety analysis or work activity plan performed for the job?  Yes  No

*Explain and attach a copy (if Yes):*

What has supervision initiated to prevent this accident from recurring?

Has this accident been discussed with employees and corrective action communicated?  Yes  No

*How?*

**Special comment area for corrective action taken to prevent recurrence of accident:**
