# 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.

<table>
<thead>
<tr>
<th>Employee Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State &amp; Zip:</td>
</tr>
<tr>
<td>Phone #: DOB:</td>
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</tbody>
</table>

### General Accident Investigation

Name of individual completing the report:

<table>
<thead>
<tr>
<th>Date of accident/incident:</th>
<th>Time of accident:</th>
<th>Shift:</th>
<th>Overtime: Y/N</th>
</tr>
</thead>
</table>

Supervisor’s Name:

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<tr>
<th>Date you reported the incident to your supervisor:</th>
<th>Time:</th>
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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?
**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?

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

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

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

<table>
<thead>
<tr>
<th>![Body Diagram]</th>
</tr>
</thead>
</table>

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.

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Individual completing report (signature):  
Date: