

# Union College

## Accident/Incident Report Form

**Complete within 24 hours AND send to Campus Safety**

**This side to be completed by the employee, student, or visitor**

PART I: INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT					
Full Name:				Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address:					
City:		State:	Zip:	Date of Birth:	
EMPLOYEE: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> STUDENT: <input type="checkbox"/> VISITOR: <input type="checkbox"/> VENDOR: <input type="checkbox"/>				Home/Cell Phone:	Work Phone:
ADDITIONAL EMPLOYEE INFORMATION:					
Job Title		Department		Supervisor Name	
PART 2: DESCRIPTION OF THE ACCIDENT/INCIDENT/DAMAGE					
Date of Accident/Incident	Time of Accident/Incident AM PM		Temperature	Weather at time of Accident/Incident Dry <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/> Icy <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Other <input type="checkbox"/>	
Location of Accident/Incident (Address OR Building Name, Room Number)				Police/Fire/EMS Notified Yes <input type="checkbox"/> No <input type="checkbox"/>	
Result in Injury or Property Damage No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes →	Description of Injury/Illness/Property Damage:				
PART 3: ACCIDENT/INCIDENT PROPERTY DAMAGE DETAILS					
Specific task being performed at time of Accident/Incident:					
Step-by-step events leading up to the Accident/Incident:					
Equipment/tools involved: Materials being handled:					
Unusual condition(s):					
Other relevant details:					
Were there other Witnesses to the Accident/Incident: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes →	Witness Names and Contact Information:				
Medical Evaluation: Conducted by: <input type="checkbox"/> Campus Nurse <input type="checkbox"/> Police/Fire/EMS <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Other: <input type="checkbox"/> Deemed unnecessary by patient				Date of initial medical evaluation:	
				Name of treating facility:	
Print Name and Signature of reporter*				Date:	

\*Signing of this form does not constitute acceptance of individual fault

**Union College Representative or Supervisor to complete other side**

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**This side to be completed by the supervisor or college representative**

### PART 4: ADDITIONAL ACCIDENT/INCIDENT/DAMAGE INFORMATION

*Supervisor or College Representative Comments: (Additional information on nature of accident/incident, damage details, etc.)*

### PART 5: POSSIBLE CAUSAL FACTORS

*Process/environment related (Check all that possibly apply)*

- Housekeeping
- Workstation/area setup
- Work procedure or lack of
- Condition of flooring/ground
- Repetitive motion
- Lighting or lack of
- Tool/equipment availability
- Ventilation
- Tool/equipment condition
- Weather
- PPE Availability
- Other

*Personnel related (Check all that possibly apply)*

- Tool/equipment use or selection
- Work pacing
- Level of support/assistance
- Other
- Awkward posture(s)
- PPE use or lack of
- Level of attention to task
- Following of procedure/instruction

### PART 6: POSSIBLE ROOT CAUSE(S): Factors contributing to the workplace condition(s)/act(s) identified above

*(Check all that possibly apply)*

- Awareness of job hazards
- Level of training
- Level of inspection/maintenance
- Level of communication
- Level of resources available
- Other

*Additional details on possible cause(s):*

### PART 7: PLANNED FOLLOW-UP EFFORTS

*Describe follow-up effort to be undertaken. As actions are completed, record completion date and initial of supervisor responsible for completion of follow-up*

<i>Description of Planned Action</i>	<i>Date Completed</i>	<i>Supervisor Initial</i>
<i>Signature of Supervisor*</i>	<i>Date</i>	
<i>Signature of responsible Vice President*</i>	<i>Date</i>	

*\*Signing of this form does not constitute acceptance of individual or institutional fault*

**Employee, Student or Visitor to complete other side**

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**This side to be completed if additional information is necessary**

**PART 8: ADDITIONAL NARRATIVE**

*Additional Narrative if more space needed: (Additional information on nature of accident/incident, damage details, etc.)*

*Signature*

*Date*