

Southwestern University Accident Report

[Supervisor must complete immediately after accident – Email to Human Resources (Cynthia Nguyen) & Safety Officer (Michael DeLance)]. Physical Plant Supervisors Email to Cynthia Nguyen, Michael DeLance, & Shorty Schwartz.

Employee Injured:
Employee Phone Number:

Job Title:
Regular Work Schedule:

Claim #:

Southwestern University Departments / EIA Department Codes (click in shaded boxes)

Academic Departments:	Staff <input type="checkbox"/>	Student <input type="checkbox"/>
Physical Plant Departments:	Faculty <input type="checkbox"/>	Non SU Person <input type="checkbox"/>
Student Life Departments:	Student Worker <input type="checkbox"/>	
All Other Departments:		
Physical Plant Supervisor:	Report completed by:	
Supervisor All Other Departments:	Date employee reported this injury to employer:	

EMPLOYEE SECTION – Description of Accident

Injury Date:	Time:	Location:
Employee's description of the accident (include the sequence of events: what were you doing just before the incident occur - describe the activity; what happened - how did the injury occur?).		
Equipment/Object or Substance Involved:		
Witness Name(s):	Phone:	
Injury Description - specific body parts and nature of injury (example, right hand index finger, laceration):		
Employee Signature:	Date:	

Human Resources Section

<input type="checkbox"/> Report Only – No Claim	<input type="checkbox"/> W.C. Claim	<input type="checkbox"/> General Liability	<input type="checkbox"/> Auto Liability
Cause Code: <input type="checkbox"/> Slip/Fall	<input type="checkbox"/> Chemical/Physical	<input type="checkbox"/> Event/Sports	<input type="checkbox"/> Inattention
<input type="checkbox"/> MMH	<input type="checkbox"/> Security	<input type="checkbox"/> Noise	<input type="checkbox"/> Transportation
<input type="checkbox"/> Cleaning Equipment	<input type="checkbox"/> Misc.		
H.R. Comments:			
Date Initial Report of Injury Sent to Travelers:	Medical treatment no lost time (CM):	<input type="checkbox"/>	
Medical & Lost time (CB): <input type="checkbox"/>	Doctor Evaluation Only: 1st Aid-OSHA:	<input type="checkbox"/>	

HUMAN RESOURCES SECTION CONT.

Medical Treatment SU First Aid Only Request to be seen by a Doctor (HR to coordinate) No Treatment

Additional Comments (accident description/medical/general issues you can share):

SUPERVISOR'S SECTION

Supervisor Accident Investigation

Employee – What could you do to prevent this accident from occurring in the future?

Supervisor – Describe what you believe was the cause or causes of this accident/injury?

Check all that apply:

Facility Conditions Environmental Conditions Equipment Used
Methods/Work Practice employee used Not following established safe practice Lack of PPE

Supervisor – What corrective action(s) should be taken to prevent a similar accident/injury for this or other employees?

When will this corrective action be completed?

Supervisor's Signature:

Date Completed & Sent to Employer:

Employee Injured:

Safety Office Accident Investigation & Corrective Actions:

Accident Cause	Accident Prevention Actions
<p>Is there an existing policy, safety program or department procedure or work practice related to this accident?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Identify:</p>	<p><input type="checkbox"/> Dept. to develop or revise policy, procedure or work practice</p> <p><input type="checkbox"/> Was an established/accepted procedure but not a written procedure</p> <p><input type="checkbox"/> Review and reinforce existing policy/procedure to employee and dept. staff</p>
<p>Was accident related to an unsafe act or behavior?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/></p>	<p>Describe:</p> <p><input type="checkbox"/> Supervisor responsible to review corrective advice with employee and other staff as necessary.</p>
<p>Was accident related to an unsafe condition or equipment?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/></p>	<p>Describe:</p> <p><input type="checkbox"/> Corrective action recommended: <input type="checkbox"/> Repair/eliminate unsafe condition</p> <p><input type="checkbox"/> Inform staff of unsafe condition in interim <input type="checkbox"/> Implement preventive maintenance</p> <p>Work Order Generated to :</p>
<p>General comments:</p>	

Safety Officer Signature:

Date: