# Environmental Health & Safety

## Accident & Incident Investigation Form

### Section A

**Department**

- [ ] Accident
- [ ] Near Miss
- [ ] Injury – *If there was an injury, you must also fill out Section B of this form*

**Equipment Involved**

- [ ] Y
- [ ] N

List specific equipment here:

**Name of Responsible Party**

**WFU Job Title**

**Person You Reported Accident/Incident/Injury to**

- [ ] Employee
- [ ] Contractor/Subcontractor
- [ ] Student

## Accident Type

- [ ] Struck By
- [ ] Slip, Fall
- [ ] Struck Against
- [ ] Caught In, On or Between
- [ ] Overexertion
- [ ] Strain, Sprain
- [ ] Vehicle Accident
- [ ] Other
- [ ] Contact with Electrical Current
- [ ] Exposure to Temperature Extremes
- [ ] Chemical Exposure
- [ ] Penetration
- [ ] Loss of Consciousness
- [ ] Heavy Equipment

### Accident Cause

(Define action taken on back of form)

- [ ] Condition
- [ ] Inappropriate or Improper Attitude
- [ ] Human Limitation (Permanent)
- [ ] Failure to Use Appropriate PPE
- [ ] Rough Housing
- [ ] Inadequate Training
- [ ] Other

### Corrective Action

- [ ] Instruction/Training
- [ ] Motivation/Discipline
- [ ] Proper Placement
- [ ] Repair/Eliminate
- [ ] Policy Change(s)
- [ ] Use of Equipment
- [ ] Other

**Date Completed (or Estimate)**

**Date**

**Chemicals/Equipment/Machinery/Tools/Materials Involved**

**Property Damage**

- [ ] Yes
- [ ] No

**Vehicle Accident**

- [ ] Yes
- [ ] No

**Personal Injury**

- [ ] Yes
- [ ] No

*If yes, complete Section B*

**Accident Report by Law Enforcement**

- [ ] Yes
- [ ] No

*If yes, attach a copy to this form*

### Specific Location Where Event Occurred

### Operation Being Performed at Accident Site and its Frequency

### Other Comments or Information Including Witnesses/Witness Statements

### Describe how accident/near miss occurred (give details) and include accident photos, sketches, other details. (add pages where necessary)
Describe Corrective Action Taken and Completion Date

Date:

You must attach proof of implemented Corrective Action

**Section B** (you do not have to fill out this section if there was NO injury involved)

<table>
<thead>
<tr>
<th>Injury/Illness Description Including Part of Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid Given? □ Yes □ No</td>
</tr>
<tr>
<td>By Whom?</td>
</tr>
<tr>
<td>Sent to Doctor/Medical Facility</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Name of Doctor/Hospital</td>
</tr>
<tr>
<td>Authorized by Whom?</td>
</tr>
<tr>
<td>Date of Initial Visit:</td>
</tr>
<tr>
<td>Was the employee involved <strong>written out</strong> of work by the doctor/medical facility?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Was the employee involved <strong>restricted</strong> from regular duty by the doctor/medical facility?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If yes, include dates below:</td>
</tr>
<tr>
<td>___ thru ___ 2009</td>
</tr>
<tr>
<td>If yes, include dates below:</td>
</tr>
<tr>
<td>___ thru ___ 2009</td>
</tr>
</tbody>
</table>

Comments

**Supervisor**
(Print Name) Signature Date

**Injured**
(Print Name) Signature Date

**EH&S Director**
Signature Date