Submit by Email | Print Form

Eastern Nazarene College
Accident/Incident Report Form

Complete within 24 hours AND send to Director of Risk Management

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

PART 1: INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT

Full Name	**GENDER:** Male ☐ Female ☐
Home Address *City,* *State,* *Zip*	**DATE OF BIRTH:**
EMPLOYEE: Full Time ☐ Part Time ☐ **STUDENT:** ☐ **VISITOR:** ☐ **VENDOR:** ☐	*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 ☐ Rainy ☐ Snowy ☐ Icy ☐ Sunny ☐ Cloudy ☐ Other ☐
Location of Accident/Incident (Address, or Building Name, Room Number			*Police/Fire/EMS Notified* Yes ☐ No ☐
Result in Injury or Property Damage No ☐ Yes ☐ *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 the to Accident/Incident:	
Equipment/tools involved: Materials being handled:	
Unusual condition(s):	
Other relevant details:	
Were there other Witnesses to the Accident/Incident: No ☐ Yes ☐ *If Yes* →	*Witness Names and Contact Information:*

Medical Evaluation: *Conducted By:* ☐ *Campus Nurse* ☐ *Police/Fire/EMS* ☐ *Hospital Emergency Room* ☐ *Other:* ☐ *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*

ENC Representative or Supervisor to complete other side

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PART 4: ADDITIONAL ACCIDENT/INCIDENT/DAMAGE INFORMATION

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

Personnel related (Check all that possibly apply)

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

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

Description of Planned Action	*Date Completed*	*Supervisor Initial*

*Signature of Supervisor**	*Date*
*Signature of responsible Vice President**	*Date*

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Employee, Student or Visitor to complete other side