

# Alfred University

## Accident/ Incident/ Near-miss Investigation Report

Please submit this form and all documentation to and notify EHS within 24 hours.

Please print clearly and legibly or use a computer to fill out form – See last page for instructions.

Name of affected individual: \_\_\_\_\_

Name of individual completing form (if affected individual is unable to complete form): \_\_\_\_\_

### Affected Individual Information:

Check Only One: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor	Home Address:
Position Title (employee):	Phone #:
Banner ID #:	Email:
Date of Birth:	Incident Date: __/__/__   Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Department:	Date Reported: __/__/__   Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Date of Hire (employee):	Shift Started Time: _____   AM   PM

### Accident/Incident/Near Miss Information:

Weather Conditions:
Reported to: _____ Supervisor: _____
Were you working your regular job when the accident/incident occurred?:      Yes      No
Incident Location (be specific):
Building, Floor, Room or Area:
Incident Description (Affected individual completes if possible, also indicate if there were any injuries, include as much detail as possible): _____ _____ _____ _____ _____ _____

<b>Unsafe workplace conditions: (Check all that apply)</b> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	<b>Unsafe acts by people: (Check all that apply)</b> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
---	--

Medical Treatment Provided: (check only one)

Medical (Ambulance/EMT/Hospital)     First Aid administered     None (No medical treatment)

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

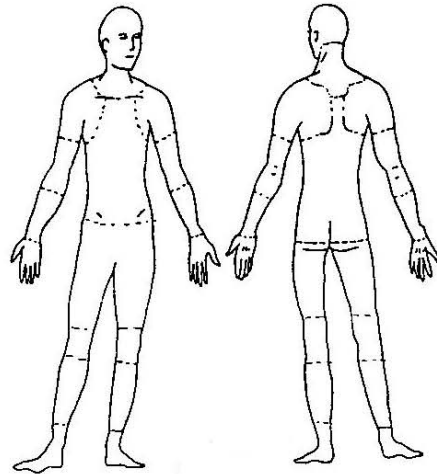
Treatment Required: \_\_\_\_\_

\_\_\_\_\_

Nature of Injury: (most serious one)

- Abrasion, scrapes
- Amputation
- Broken bone
- Bruise
- Burn (heat)
- Burn (chemical)
- Concussion
- Crushing Injury
- Cut, laceration, puncture
- Illness
- Sprain, strain
- Damage to a body system
- Other \_\_\_\_\_

Part of body affected: (shade all that apply)



Witness Information:

Witness name, phone #/e-mail: \_\_\_\_\_

Witness Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures:

This Form Completed By Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Affected Individual's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Human Resource Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

EH&S Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Notes:**

- 1.) Attach/include any and all supplemental communications or documentation.
- 2.) For major emergencies or accidents, notification must be made regardless of time or day (includes after normal hours, weekends, and holidays) to Public Safety 607-871-2108.
- 3.) If an injury requires in-patient hospitalization or results in death, Public Safety or the supervisor must immediately contact EH&S.

## Retaliation Policy:

Alfred University strictly prohibits any form of retaliation against an employee who reports work-related injuries and illnesses, makes a complaint, raises a concern, provides information or otherwise assists in an investigation or proceeding regarding any conduct that he or she reasonably believes to be in violation of Alfred University's safety rules or policies, or applicable laws, rules or regulations. This policy is designed to ensure that all employees feel comfortable reporting work-related injuries or illnesses without fear of retaliation. It is also intended to encourage all employees to cooperate with Alfred University in the internal investigation of any matter by providing honest, truthful and complete information without fear of retaliation.

Fax immediately to EHS at 607-871-2086

Or email: [envhealthsafety@alfred.edu](mailto:envhealthsafety@alfred.edu)

**For HR use ONLY**

Non -Rec.      Rec.      LTA

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Rev. 08/2020