

CLARKE UNIVERSITY

Accident Report Instructions

When an employee is "On Duty" the Work Related, Accident / Incident Report is to be completed anytime an accident or incident occurs which involves an injury, or property damage. This report will also need to be completed if there is a "Near Miss" incident in which there could have been, but there was not, any injury or property damage.

Immediate notification of any injury or incident is to be made to your supervisor. In the event that this is not possible, Clarke Security can be contacted by calling x6393. **If this is an actual emergency, call 911 first, then contact Clarke Security.** If there is a serious situation that does occur after hours, every attempt should be made to also contact the individual's supervisor.

Individual Involved & Event Details:

These sections will be completed by the person involved with their supervisor as soon as possible after the accident / incident occurs. In the event that the supervisor is not immediately available, such as on a weekend or after hours, the person involved will immediately complete these sections on their own. Their supervisor will review these sections with the employee as soon as possible thereafter. If this is not a serious situation demanding an immediate response, the next business day is sufficient for review with the supervisor.

Employee Name: Person involved in accident / incident, include department & job title.

Supervisor: Is the immediate supervisor of involved individual.

Check your appropriate employee status, faculty, staff, full time, part time, student worker, other.

Date & Time of Incident: Date & time the incident / injury occurred.

Date Reported: Date & time the incident / injury was reported and to whom.

Report not completed: If this report was not completed within 24 hours give reasons for the delay.

Work Activity: What was the work activity at the time of the incident and is this the employees regular work activity. Yes or no.

Specific Location of Incident: Give the exact location in the work area where the incident / injury occurred.

Nature of Injury: Describe the type of injury received. Examples include, but are not limited to, sprains, strains, cuts/laceration, fractures contusions, amputations, and burns. Be specific with this description. You are not limited to the types of injuries listed

Body Part Injured: Indicate the body part that was injured in the accident. Examples include but are not limited to - toes, feet, ankles, legs, knees, buttock, torso, shoulder, arm, elbow, hand, finger, neck, back, head, and face. Be specific with this description. Indicate left or right, etc. You are not limited to the body parts listed.

Witness: List any witness(es) to the incident / injury.

Photo taken: Yes or no and by whom.

How did incident/injury occur: Complete this narrative in detail including equipment, vehicle, tools, chemicals, PPE used, weight & size of materials or other pertinent information. Use additional sheets of paper if necessary, signing this report and any additional sheets of paper.

Medical Treatment: Please indicate at which medical center treatment was sought. For medical evaluation or treatment employees are directed to be treated first at Tri State Occupational Health. If Tri State Occ. is not available, then Medical Associates at 1000 Langworthy. If Medical Associates is not available then Mercy Hospital. If this is an actual medical emergency, go directly to Mercy ER.

INCIDENT INVESTIGATION:

Page two (2) will be completed by the involved employee's supervisor. Remember that the purpose of this investigation is not to find fault or assess blame. It is to pinpoint the cause of the accident / incident and take appropriate action to prevent recurrence and reduce injuries.

Incident Facts:

All five (5) sections under "Incident Facts" must be completed.
Determine who, what, when, where, how, and why of the incident.

Some examples of questions you may need to ask:

Is the area congested, and if so why?

Is the method being used to complete this task the best method available?

Was the employee performing the task correctly?

What is the lighting situation?

Has there been adequate training for the task?

Was the employee using proper lifting techniques?

What type of footwear was the person wearing? Glasses / contacts?

Has there been a hazard assessment completed for the area or job task?

Was the incident / injury reported promptly and if not why?

What is the condition of the tools or equipment that is being used?

What were the weather or conditions? What were the surface conditions?

Is this actually an on duty injury?

Did the employee have training on how to report an item in need of repair or for reporting work place hazards?

Did something in need of repair contribute to the incident / injury?

Recommended Corrective Actions:

This section will also be completed by the supervisor. Be specific in the corrective action that is to be taken. List the person that is responsible for implementation of the corrective action, the date the action is to be completed, and when the action is completed that date is entered in the "Date Action Completed" block.

In some cases there may be more than one department involved in completing the corrective action. For example, the department of the affected employee may need to implement better training for the employee. Safety & Security may need to improve safety inspections of the area, and Facilities may need to make a repair to an area. The Director of Safety & Security should be contacted for assistance in coordinating recommended corrective actions with other departments.

The Supervisor needs to sign and date this report and submit it to the Director of Safety & Security within 24 hours of the incident. Supervisors will always keep a copy of the report. There may be times when corrective actions will take longer than 24 hours. In which case, a follow up report will need to be submitted to the Director of Safety & Security which will include the date the action was completed.

Signature section:

The investigating supervisor will sign and date this report and forward to the Director of Safety & Security who will complete distribution of the report.

Please direct any questions to the Executive Director of Facilities and Security (563)588-6326 or email steven.kirschbaum@clarke.edu.