Cole Science Center
Incident Report Form

If an accident or incident occurs in the CSC, the EH&S Office and the Lab Manager will investigate and collectively produce a report. The Chief of Campus Police may also contribute to this process. The report itself will record the users in CSC involved with the accident, if it was an emergency situation, what happened, what action(s) were taken by CSC personnel or emergency personnel (Amherst Police Department, Amherst Fire Department, Hampshire College Department of Campus Police, Hampshire College Environmental Health and Safety, Hampshire College Emergency Medical Technicians), and what outcome occurred. There will be a conclusive section, summarizing the incident and what preventative/organizational actions, if any, could be taken in the near future.

Copies of the accident report will go to the CSC Safety Committee, the Chief of Campus Police, and EH&S Office. If appropriate, copies can go to other offices such as the Dean of Faculty, the Director of Facilities and Grounds, or the President's Office. B roader circulation of such a report is only encouraged if it provides direct benefit to issues surrounding the accident. Medical privacy and personal privacy rights must be complied with. A standard example form is included below.

Cole Science Center
INCIDENT INVESTIGATION REPORT
(If Campus Police or EMTs responded, Campus Police/EMT Report should be appended)

Today's Date:	Date/Time of Incident:
Injured/Involved Person:	Supervisor/Faculty:
Witnesses:	

INJURED PERSON AND MEDICAL STATUS

Was anyone Injured? :		☐ Yes		☐ No	
	☐ Employee		☐ Student		☐ Visitor

All Employee Injuries Must Be Reported to Human Resources

Describe Injury:				
Was first aid administered:		☐ Yes		☐ No
If yes, describe:				
Was person treated in the emergency room?		☐ Yes		☐ No
Was person hospitalized overnight?		☐ Yes		☐ No

INCIDENT LOCATION

Describe (if location contributed to the incident, please be specific):

INCIDENT INFORMATION
Please answer the following questions and provide any additional information describing how the incident or injury occurred.

What was the person doing?

Was the person following established work procedures? Describe.

Was the work a routine task or something the person has not done before or does infrequently?

If the person was carrying materials, what were they, how heavy were they, should the person have asked for help?

If environmental factors (e.g., temperature, lighting) contributed to the accident, what were they and how did they contribute?

What other conditions in the workplace (e.g., tools, walking surfaces) contributed to the accident?

If chemicals are involved, what chemicals and how were they being used?

Was personal protective equipment (e.g., goggles, gloves, proper footwear) being used? If not, should it have been?

What personal actions (e.g., rushing, not wearing PPE) contributed to the accident?

Additional Information:

WHAT WAS THE PRIMARY CAUSE OF THIS ACCIDENT?

Describe:

Classify

☐ Unsafe Condition (an identifiable hazard)	☐ Unattentive (distracted or not paying attention)	☐ Repetitive Motion (an activity performed over and over again)	☐ Unsafe Act (not following established work practices or reasonable conduct)
☐ Other (Describe)	If other, describe:		

RECOMMENDATIONS FOR PREVENTING SIMILAR ACCIDENTS

Describe:
Is additional training/coaching needed?
Do established work procedures need to be changed?
Is a work order needed to correct a hazard?

HAS RECOMMENDED ACTION BEEN TAKEN?

☐ Yes	☐ No
If not, why, when will it be?	

Name(s) of Person/Team Completing this Report:	Date: