

## Hampshire College INCIDENT INVESTIGATION REPORT

(If Public Safety or EMTs responded, Public Safety/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? : <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor
All Employee Injuries Must Be Reported to Human Resources		
Describe Injury:		
Was first aid administered: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:		
Was person treated in the emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was person hospitalized overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### INCIDENT LOCATION

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

Additional Information:

**WHAT WAS THE PRIMARY CAUSE OF THIS ACCIDENT?**

Describe:

**Classify**

<input type="checkbox"/> <b>Unsafe Condition</b> (an identifiable hazard)	<input type="checkbox"/> <b>Unattentive</b> (distracted or not paying attention)	<input type="checkbox"/> <b>Repetitive Motion</b> (an activity performed over and over again)	<input type="checkbox"/> <b>Unsafe Act</b> (not following established work practices or reasonable conduct)
<input type="checkbox"/> <b>Other</b> (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:
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Send completed form to Environmental Health & Safety within 7 days of the incident. If an employee accident, also send to Human Resources.