

RICE UNIVERSITY
ACCIDENT/INJURY REPORT
Please Print

Section A: Details of incident

- Injury Work related illness Non work-related illness Electrical incident
- Environmental incident Property damage Dangerous event Laboratory incident

Name of person completing report:

Department: Phone:

Date incident occurred: Time incident occurred: am / pm

Name of injured person:

Incident occurred while:

- At work Traveling to/from work On meal break Other

Date reported: Reported to:

Location of Incident: *(external area / building & room etc)*

.....

.....

.....

What happened? *(What were you doing at the time of the incident? Briefly describe how it happened.)*

.....

.....

.....

.....

.....

List any witnesses: *(names, telephone)*

.....

.....

.....

Section B: Details of injured person and injury

Student/Staff ID: _____ M F Date of birth: _____

Telephone: _____ Position title: _____ Department: _____

Employment status:

- Faculty Staff Graduate student
 Undergraduate student Visitor/member of public Volunteer
 Other: _____

Employment basis: Full-time Part-time

Name of injured person's supervisor: _____

Details of treatment required: None Self First aid **
 Hospital Seen by other Medical Doctor

**Describe first aid treatment given:

Nature of injury:

- Allergy or sensitivity Fracture/dislocation Occupational overuse injury
 Respiratory Burn / scalds Exposure effects heat/cold
 Asphyxiation Contusion/crush Communicable disease
 Internal injuries Puncture Concussion or other neuro injury
 Fainting Bruising Skin condition eg dermatitis/ eczema
 Poisoning/toxic effects Laceration/deep cut Hearing loss
 Hernia Sprain/strain Vision impairment
 Foreign body Nausea/vomiting Electric shock or effects
 Amputation Multiple injuries Psychological disorder/stress effects
 Other _____

Part of body affected:

- Left Back Buttock Forearm Thigh Head
 Right Neck Internal Wrist Knee Face
 Groin /hip Shoulder Hand Shin/calf Ear
 Chest Upper arm Fingers/thumb Ankle Eye
 Stomach / trunk Elbow Foot/toe

Further description of injury/illness (if required):

Agency of injury (what?)

- Vehicle/transport
 - Lifting/ Carrying
 - Repetitive work
 - Needle/sharp
 - Noise
 - Electrical
 - Objects
 - Other (please specify):
- Radiation
 - Biological agent (eg pathogens)
 - Chemical
 - Explosion/implosion
 - Non-power tool
 - Power tools
 - Surface (slippery/rough)
- Thermal (heat/cold)
 - Animal/Insect
 - Mobile plant/equipment
 - Machinery/fixed plant
 - Workstation design
 - Situation (violence, assault)
 - Psychological/social

Action/ mechanism which caused injury (how?)

- Fall from height
 - Muscle stress – repetitive
 - Muscle stress- loads
 - Hitting object
 - Noise
 - Slip/trip
 - Other (please specify):
- Exposure to chemicals
 - Exposure to electricity
 - Exposure to heat/cold
 - Exposure to radiation
 - Insect/animal bite
 - Pressure
- Exposure to biological material
 - Hit by/trapped in moving object
 - Exposure to vibration
 - Mental stress factors
 - Vehicle accident

Section C: Incident Investigation

This section is to be completed by the local supervisor or department head for any incident involving personal injury, and for a serious incident or near miss where required.

Identify any factors contributing to the incident.

- Design issues
- Inadequate supervision
- Inadequate/ lack of training
- Failure to follow work procedures
- Lack of experience
- Lack of appropriate Personal Protective Equipment
- Environment (eg floor/ground surface)
- Inadequate space
- Unforeseeable event
- Inadequate safety procedures
- Improper use/storage of materials
- Other environmental conditions (eg weather, lighting, ventilation, temperature)
- Equipment malfunctioning
- Poor/lack of suitable equipment
- Personal factors-stress, fatigue
- Inadequate equipment maintenance
- Poor housekeeping
- Other

Preventative/Corrective Actions:

Describe the follow up actions planned or taken to prevent a similar incident.

.....

.....

.....

.....

Completion date

Supervisor/Department head signature

- Copy filed with department
- Copy sent to Environmental Health and Safety
- Copy sent to Risk Management