Report of Incident or Accident

Appendix C

University of the Pacific

Note: If injury occurred while driving on university business, contact Risk Management @ 946-7446

Section 1: University Relationship (select only one)

☐ Faculty ☐ Staff ☐ Student Employee ☐ Student Assistant ☐ Auxiliary/Foundation

☐ Contractor ☐ Student ☐ Visitor (nature of visit):

Section 2: Incident Type (select only one)

☐ Injury ☐ Illness ☐ Hazard Notification (Complete Sections: 3, 4, 7)

Section 3: Personal Information

☐ Male ☐ Female Police Report Made ☐ YES ☐ NO

Name: ______________________________________
First Last MI

Address: ______________________________________
Street City State Zip

Home Phone: ____________________ Work Phone: ____________________

Employer: ____________________ Department: ____________________

Work Shift: ☐ Standard ☐ Swing ☐ Night ☐ Modified:

Section 4: Incident Details

Date/Time/Location of Incident: ______________________________________

Other Individuals Involved: ______________________________________

Name(s) of Witness(es): ______________________________________

Was there an injury or illness as a result of this incident? If so, answer the following three questions. If not, put a check mark ☑ in the box next to the N/A and move to the "Describe Incident" section.

Did the injured receive medical treatment beyond basic first aid? ☐ YES ☐ NO ☐ N/A

Did the injured immediately return to work? ☐ YES ☐ NO ☐ N/A

Did the injured receive a modified work schedule due to the incident? ☐ YES ☐ NO ☐ N/A

Describe Incident (State Only the Facts)

What happened? What was the person doing? What objects/conditions contributed to the incident?
Attach additional sheet of paper if necessary.

Section 5: Hospital/Clinic Information

Name of Clinic: ______________________________________

Address of Clinic: ______________________________________

Treating Physician: ____________________ Phone Number: ____________________

SECTION 6: INJURY/ILLNESS CATEGORIZATION

Section 6A: Part of Body Injured								
R	L		R	L		R	L	
☐	☐	Abdomen	☐	☐	Foot	☐	☐	Neck
☐	☐	Ankle	☐	☐	Forearm	☐	☐	Nose
☐	☐	Arm-Lower	☐	☐	Genitals	☐	☐	Shoulder
☐	☐	Arm-Upper	☐	☐	Groin	☐	☐	Teeth
☐	☐	Back-Lower	☐	☐	Hand	☐	☐	Thigh
☐	☐	Back-Upper	☐	☐	Head	☐	☐	Throat
☐	☐	Ear	☐	☐	Internal	☐	☐	Toes
☐	☐	Elbow	☐	☐	Knee	☐	☐	Torso
☐	☐	Eye	☐	☐	Leg-Lower	☐	☐	Wrist
☐	☐	Face	☐	☐	Leg-Upper	☐	☐	Other (explain):
☐	☐	Fingers	☐	☐	Mouth			

Section 6B: Nature of Injury		
☐ Abrasion	☐ Crushed	☐ Numbness
☐ Amputation	☐ Cut/Laceration	☐ Pain
☐ Bite/Sting	☐ Dermatitis	☐ Puncture
☐ Blister	☐ Dislocation	☐ Repetitive Motion
☐ Bruise/Contusion	☐ Fracture/Break	☐ Splinter
☐ Burn - Chemical	☐ Fracture - Compound	☐ Sprain/Strain
☐ Burn - Thermal	☐ Hearing	☐ Swelling
☐ Burn - Electrical	☐ Loss of Consciousness	☐ Other (explain):

Based upon my personal knowledge and/or information reasonably available to me, the above is true and correct.

______________________________	______________________________	________________
Preparer's Name and Title (Print)	Signature	Date

SECTION 7: ASSESSMENT AND CORRECTIVE ACTIONS

NOTE: For UOP Employee injuries, Section 7 is to be completed by the employee's Designated Supervisor.

Potential Cause of Incident	
Condition(s)	Action(s)
☐ Exposed electrical wiring	☐ Bypassed safety device
☐ Defective tolls or equipment	☐ Equipment, failure to secure
☐ Hazardous arrangement	☐ Equipment, improper positioning
☐ Fall hazard	☐ Equipment, use inappropriate equipment
☐ Insufficient illumination	☐ Equipment, use of defective
☐ Improper PPE	☐ Failure to Lockout or Tagout
☐ Misplaced object	☐ Failure to use PPE
☐ Object in motion	☐ Horse-play
☐ Tripping or Slipping Hazard (slip, trip, or fall)	☐ Improper lifting techniques
☐ Hazardous Atmosphere	☐ Operating equipment without training
☐ Other (explain):	☐ Other (explain):
☐ None	☐ None

What corrective actions have been taken to ensure that this incident (or hazardous condition) will not occur again?

Reviewer's Name and Title (Print)	Signature	Date