Granite State College Report of Incident

POLICY REQUIRES THAT REPORT OF ACCIDENT, INJURY, OR ILLNESS BE REPORTED WITHIN 24 HOURS OF OCCURRENCE. This form must be completed in its entirety and faxed to your campus Human Resources Department. Omission of information could result in a delay of benefits.

Check One: ☐ Employee ☐ Student (non-employee) ☐ Visitor/Guest ☐ Other

PERSONAL DATA

All Injuries Complete Section A — **Employees Must Also Complete Section B**

SECTION A			SECTION B	
Name of Injured Person:			☐ Staff ☐ Hourly (non-status)	☐ Full Time ☐ Part Time
Home Address:			Department Location:	Department Work Phone:
City/State/Zip:			Hours Worked Per Day:	Days Per Week:
SSN:	Date of Birth:	Sex: ☐ Female ☐ Male ☐ Other	Position Title:	Date of Hire:
Home Phone:	Cell Number:		Supervisor's Name:	Supervisor's Work Phone:

INCIDENT STATEMENT

Date of Injury:	Body Part(s) Affected:	What Side of the Body: ☐ Left ☐ Right	Time of Occurrence: _____ ☐ AM ☐ PM

Explain in detail how the injury occurred. Include specific activities/tasks performed at the time.

_____

_____

Location where the injury occurred:

Who witnessed this injury?

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Treatment provided by: ☐ First Aid, no medical care needed ☐ No Treatment ☐ Other

☐ Hospital ER (Place) _____

☐ Private Physician (Name & Phone #) _____

INVESTIGATION

DEPARTMENT HEAD, SUPERVISOR, OR CAMPUS OFFICIAL INVESTIGATION STATEMENT

After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:

_____

_____

_____

What was the injury, illness, or exposure?

INITIAL CAUSE	CONTRIBUTING FACTORS & ACTIVITIES		PREVENTITIVE ACTIONS
☐ Struck by or against object (Indicate): _____ ☐ Caught in/under/ between ☐ Fall / Slip / Trip ☐ Material handling or lifting ☐ Repetitive motion ☐ Chemical exposure ☐ Body fluid ☐ posure: __Needle stick ☐ Sharps ☐ Animal bite ☐ Other, Explain _____ _____ _____	**Equipment** ☐ Equipment failure ☐ Equipment unavailable ☐ Improper equipment or material used for job Personal protective equipment ☐ Not worn ☐ Not readily available ☐ Not adequate for the task ☐ Personal protective equipment failure **Training/Experience** ☐ Lack of training ☐ Safety training provided, not followed ☐ New task for employee or lack of experience **Work Area** ☐ Work area set up improperly ☐ Inadequate lighting or noise issues ☐ Housekeeping issues ☐ Environmental factors (rain, wind, temp. etc) ☐ Ventilation issues ☐ Ergonomic factors	**Employee** ☐ Physically not able to do work ☐ Employee fatigue ☐ Unbalanced or poor position or motion ☐ Incorrect procedures used for task ☐ Other unsafe practice **Assistance** ☐ Difficult to perform task without help ☐ Safety features or devices not readily available ☐ Assistive devices not used ☐ Lack of policy/procedure ☐ Animal (explain below) _____ _____ ☐ Other (explain) _____ _____ ***Use additional pages as needed***	**DEPARTMENT HEAD, SUPERVISOR, OR CAMPUS OFFICIAL WILL:** ☐ Develop/revise safety procedures ☐ Request ergonomic evaluation assistance ☐ Order new equipment ☐ Order new personal protective equipment ☐ Remove equipment from use and repair/replace ☐ Schedule preventive maintenance ☐ Will retrain employee before task is re-assigned ☐ Perform on-site review of work activity, update job safety analysis ☐ Reconfigure work area ☐ Communicate corrective actions to others in job category ☐ Other _____ _____ Preventive actions will be completed by: Name: _____ Expected date of completion: _____

_____ _____
Signature of Injured Person Date

_____ _____
Signature of Department Head/Supervisor/Campus Official Date