

# DePauw University

## Accident/Incident Investigation Report

*(To be completed by the employee's supervisor and the Manager of Safety and Risk Management Services within 24 hours of the incident)*

Name of Injured/Ill Employee: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_ Time of Accident/Incident: \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_

Witness(es): \_\_\_\_\_

What was the employee doing prior to the accident/incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was this activity part of the employee's assigned duties? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was this activity conducted in the employee's normal work area? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was this activity a normal activity for the employee to be doing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe the accident/incident including details on equipment used, substances involved, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How quickly was the accident/incident reported to the proper authority? \_\_\_\_\_

What body part(s) was affected? \_\_\_\_\_

Was medical attention offered? \_\_\_\_\_ Yes \_\_\_\_\_ No Was medical attention accepted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was hospitalization required? \_\_\_\_\_ Yes \_\_\_\_\_ No Was the employee placed on leave? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason to question the legitimacy of the accident/incident or injury/illness? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, elaborate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Cause of the Accident/Incident

### Unsafe Acts

- Operating without authority
- Operating at unsafe speed
- Using unsafe equipment or equipment unsafely
- Making safety devices inoperative
- Unsafe loading, placing or mixing
- Taking unsafe position
- Working on moving or dangerous equipment
- Distraction, teasing, horseplay
- Failure to use personal protective devices
- Poor housekeeping
- Intoxication
- Other

### Unsafe Conditions

- Inadequately guarded
- Defective equipment, tools or substance
- Hazardous arrangement
- Improper illumination
- Improper ventilation
- Unsafe clothing
- Unsafe design or construction
- Improper instruction
- Lack of training or skill
- Failure to secure or lockout
- Other

Has the employee violated written safety rules or other policies?     Yes     No

Did a violation of written safety rules or other policies by any other employee contribute to the accident/incident?     Yes     No

Are there any other contributing factors other than job related? \_\_\_\_\_

What action(s) has been taken or will be taken by the supervisor to prevent this accident/incident from reoccurring?

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### Signatures:

\_\_\_\_\_ Job Title

Investigating Official

\_\_\_\_\_ Job Title

Investigating Official

\_\_\_\_\_

Date