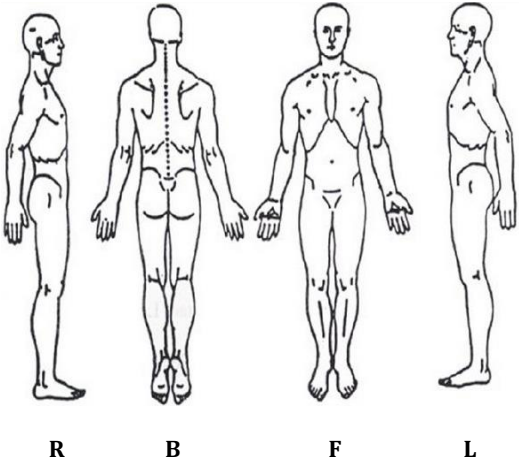


Non-Employee Accident Investigation Report
 Environmental Health & Safety Committee

Personal Information

Name: _____ WIN: _____ Sex: Male Female

Contractor Student Visitor Other, describe: _____

Part of Body Affected:	Nature of Injury:	Type of Injury:
 <p align="center">R B F L</p>	<p>Nature of Injury:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cut / Laceration / Puncture <input type="checkbox"/> Illness <input type="checkbox"/> Bruises / Contusion <input type="checkbox"/> Sprain / Strain / Hernia <input type="checkbox"/> Fracture / Dislocation <input type="checkbox"/> Burns (heat & chemical) <input type="checkbox"/> Amputation <input type="checkbox"/> Puncture <input type="checkbox"/> Dermatitis <input type="checkbox"/> Concussion <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Abrasion / Scratch <input type="checkbox"/> Muscle Torn <input type="checkbox"/> Visual Irritation <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Heat Stroke <input type="checkbox"/> Respiratory <input type="checkbox"/> Inflamed or Irritated <input type="checkbox"/> Muscles, Tendons <input type="checkbox"/> Other: _____ 	<p>Type of Injury:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Struck Against <input type="checkbox"/> Struck by Flying Object <input type="checkbox"/> Struck by Moving Object <input type="checkbox"/> Caught in Between <input type="checkbox"/> Fall to Different Level <input type="checkbox"/> Trip - Slip / Fall <input type="checkbox"/> Lift or Lower <input type="checkbox"/> Push or Pull <input type="checkbox"/> Trip-Slip (not a fall) <input type="checkbox"/> Stepped on <input type="checkbox"/> Contact with temp. extreme <input type="checkbox"/> Contact with elect. current <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Twisting <input type="checkbox"/> Reaching / Stretching <input type="checkbox"/> Extreme / Abnormal Movement <input type="checkbox"/> Contact with Toxins <input type="checkbox"/> Chemical Splash <input type="checkbox"/> Other: _____

Was Individual Sent For Medical Attention: Yes No Was First Aid Provided: Yes No

Incident

Exact Location of the Incident: _____

Date: _____ Time: _____

Witness(es): _____

Witness Statements Attached: Yes No Photographs Attached: Yes No

Claim Information Attached: Yes No

What Personal Protective Equipment was being used: _____

Describe the incident: _____

Report

Preparer's Name: _____ Department: _____ Date: _____

Distribution List: EHS Committee HR Public Safety Facilities
 Department/Supervisor Other: _____

Non-Employee Accident Investigation Report
 Environmental Health & Safety Committee

Investigations will usually be completed by the area supervisor, EHS or Public Safety. Remember that the purpose of this investigation is not to find fault or assess blame. It is to pinpoint the cause of the accident / incident and take appropriate action to prevent recurrence and reduce injuries.

Factors:
Activities – List the specific actions or activities that may have contributed to incident and why:
Factors – Identify PPE (personal protective equipment) used, apparel worn, training, job knowledge/planning, preoccupation or any physical factors involved and why:
Practices – List any accepted and/or unapproved or unsafe practices that were being performed and why:
Tools, Equipment, & Machinery – List all equipment that was involved including the condition and appropriateness of use and why:
Environment – Identify the environmental factors including weather conditions, housekeeping, working / walking surfaces, lighting, etc. that may have contributed to the incident and why:

Corrective Actions:		
Action:	Target Completion Date:	Responsible Person:

Report			
Investigator's Name:	Department:	Date:	
Distribution List:	<input type="checkbox"/> EHS Committee	<input type="checkbox"/> HR	<input type="checkbox"/> Public Safety
	<input type="checkbox"/> Department/Supervisor	<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Facilities	