WOODS HOLE OCEANOGRAPHIC INSTITUTION

Accident / Incident Report Form

Instructions: 1) Injured/involved person or supervisor completes Part A. **2)** Send completed form to EH&S Office at MS#48 within 24 hours of accident/incident. **3)** EH&S Office will complete Part B, retain copy of report, and if necessary forward completed report form to Human Resources for evaluation by Workers' Compensation program. **4)** Call EH&S Office (x3347) with questions.

Part A: To be completed by injured / involved person and / or supervisor.

Name of the injured / involved person: _____ **Phone number:** _____

Department: _____ **Job title:** _____

Supervisor's name: _____

Location of accident / incident: _____ **Building:** _____ **Room:** _____

Date and time of accident / incident: _____ **How long into shift?** _____

Treatment administered: ☐ **None** ☐ **First Aid** ☐ **Doctor** ☐ **Hospital**

Missed time: ◯ **Yes** ◯ **No** **If yes, duration:** _____

Person(s) completing report: _____

What was the person(s) doing just prior to accident?

_____

_____

Description of the accident / incident (nature of injury, body part involved, etc)?

_____

_____

Contributing causes (hazardous condition, faulty equipment, lack of training, etc)?

_____

_____

How could the accident / incident have been prevented?

_____

_____

Actions taken to prevent reoccurrence?

_____

_____

Name of witnesses? _____

Attach any additional information and any witness statements to this report.

_____ _____

Signature of person(s) completing report **Date signed**

Part B: To be completed by EH&S Office.

Report to Human Resources(Y/N, Date transmitted):

Accident/incident investigation information (investigator's name, attach investigation report if completed):

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