**Butler University**  
**Faculty/Staff/Student-Employee Accident/Incident Report**  
To report an emergency, Dial University Police at 940-9999  
**Complete within 24 hours AND deliver to Human Resources in JH-037 or fax 317-940-8149**

**IMPORTANT:** Any injury resulting in death, permanent disfigurement, dismemberment, or hospitalization expected to last more than 24 hours shall be reported to HR immediately (940-8525). Report ALL workplace accident/incidents resulting in injury or illness to HR within 24 hours or as soon as possible. This information is required to complete federal reporting and workers compensation insurance claim requirements.

### PART 1: PERSONAL IDENTIFICATION

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Department</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Email Address</th>
<th>Work Phone</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Supervisor Name (Last, First)</th>
<th>Supervisor Email</th>
<th>Title</th>
<th>Work Phone</th>
</tr>
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<tbody>
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</tbody>
</table>

- Employee
- Student employee
  - Report injuries involving students who are non-employees to Student Affairs and injuries involving visitors, and other third-parties to Operations.

- Work Schedule:
  - Full-time
  - Part-time

- Stagehand:
  - Yes
  - No

### PART 2: INCIDENT DESCRIPTION

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time of Incident</th>
<th>Time Employee Began Work</th>
<th>Location of Incident (Street address or Bldg name, Room#)</th>
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</table>

- Resulted in employee injury/illness? Yes → No

- Description of Injury/ Illness (type of injury/illness & body part, e.g. sprained rt. ankle, severe cut on left thumb):

- Incident details—continue on back or attach a sheet to this form, if needed
  - Specific task being performed at time of incident:
  - Step-by-step events leading up to the incident:
  - Equipment/tools involved:
  - Materials being handled:
  - Unusual condition(s):
  - Other relevant details:

- Was this an injury caused by an animal (i.e. bite, scratch)? Yes → No
  - If yes, indicate animal species:

- Medical evaluation:
  - Conducted by--
    - U.S. Health Works Medical Group
    - Other Hospital Emergency Room
    - Other:

  - Deemed unnecessary by employee

- Date of initial medical evaluation:

- Name & Ph# of treating physician:

**IMPORTANT:** Non-emergency incidents should be initially treated by Concentra, 7301 Georgetown Rd, Ste 109-111, Indianapolis, IN 46268 ph 317-875-9584

Employee Signature*  
Date

* Signing of this form does not constitute acceptance of individual fault

*********** Supervisor to complete next page ***********
### PART 3: ADDITIONAL INCIDENT INFORMATION

*Supervisor Comments (additional information on nature of incident details, etc.) - continue on back or attach a sheet to this form, if needed*

<table>
<thead>
<tr>
<th>Is this a “sharps injury” (i.e. needlestick, cut, or abrasion) with an object that may have been contaminated with blood or other potentially infectious material?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes → If yes, OSHA requires the type and brand of device involved:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### PART 4: POSSIBLE CAUSAL FACTORS

*Process/ environment-related: (Check all that possibly apply)*
- Housekeeping
- Work procedure, or lack of
- Repetitive motion
- Tool/ equipment condition
- Tool/ equipment availability
- Personal protective equipment availability
- Workstation/ area setup
- Flooring/ ground
- Lighting
- Ventilation
- Other:

*Personnel-related: (Check all that possibly apply)*
- Tool/ equipment use or selection
- Work pacing
- Level of support/ assistance
- Other:
- Awkward posture(s)
- Personal protective equipment use
- Following of procedure/ instruction
- Level of attention to task

### POSSIBLE ROOT CAUSE(S): Factors contributing to the workplace condition(s)/ act(s) identified above

(Check all that possibly apply)
- Awareness of job hazards
- Level of training
- Level of inspection/ maintenance
- Level of communication
- Level of resources available
- Other:

### PART 5: PLANNED FOLLOW-UP EFFORTS

*Check all that possibly apply:*
- Evaluate equipment/ facility condition (01)*
- Provide appropriate tool/ equipment (02)
- Provide personal protective equipment (03)
- Provide initial/ refresher training (04)
- Post safety signage in area (05)
- Review inspection and/ or maintenance program (06)
- Review formal work procedure (07)
- Assess newly identified hazard(s) (08)
- Review as job performance issue (09)
- Other (10):

*For facility (e.g., hallways) and for public areas (e.g., sidewalks, parking lots), work with Butler University Operations Department.*

### FOLLOW-UP ACTION:

For each follow-up effort checked above, indicate its action code (# in parentheses) and describe the planned action. As actions are completed, record completion date, and initial the original copy for local recordkeeping purposes.

<table>
<thead>
<tr>
<th>Action Code</th>
<th>Description of Planned Action</th>
<th>Date Completed</th>
<th>Supervisor Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can submit form before completing</td>
<td>Can submit form before completing</td>
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</tbody>
</table>

**Signature of this form does not constitute acceptance or assignment of individual fault**

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**HR-rev 04/30/2018**