

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 work place accident/incidents resulting 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.

EMPLOYEE TO COMPLETE	PART 1: PERSONAL IDENTIFICATION				Employee Group		
	Name (Last, First)		Department		<input type="checkbox"/> Employee <input type="checkbox"/> Student employee		
	Job Title	Email Address	Work Phone	Home Phone	Report injuries involving students who are non-employees to Student Affairs and injuries involving visitors, and other third-parties to Operations.		
	Supervisor Name (Last, First)	Supervisor Email	Title	Work Phone			
					Work Schedule:	Stagehand:	
					<input type="checkbox"/> Full-time	<input type="checkbox"/> Yes	
					<input type="checkbox"/> Part-time	<input type="checkbox"/> No	
	PART 2: INCIDENT DESCRIPTION						
	Date of Incident	Time of Incident	Time Employee Began Work	Location of Incident (Street address or Bldg name, Room#)			
	Resulted in employee injury/ illness? <input type="checkbox"/> Yes → <input type="checkbox"/> 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					Witness Name(s)/ Ph. #(s):		
• 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:							
Continued on attached sheet: <input type="checkbox"/>							
Was this an injury caused by an animal (i.e. bite, scratch)? <input type="checkbox"/> Yes → <input type="checkbox"/> No				If yes, indicate animal species:			
Medical evaluation: <input type="checkbox"/> Conducted by-- <input type="checkbox"/> U.S. Health Works Medical Group <input type="checkbox"/> Other Hospital Emergency Room <input type="checkbox"/> Other:			Date of initial medical evaluation:		IMPORTANT: Non-emergency incidents should be initially treated by Concentra, 7301 Georgetown Rd, Stes 109-111, Indianapolis, IN 46268 ph 317-875-9584		
<input type="checkbox"/> Deemed unnecessary by employee			Name & Ph# of treating physician:				
Employee Signature*				Date			

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

----- Supervisor to complete next page -----

Employee Last Name:

Incident Date:

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

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? Yes → No

If yes, OSHA requires the type and brand of device involved:

PART 4: POSSIBLE CAUSAL FACTORS

Process/ environment-related: (Check all that possibly apply)

- Housekeeping
- Workstation/ area setup
- Work procedure, or lack of
- Flooring/ ground
- Repetitive motion
- Lighting
- Tool/ equipment condition
- Ventilation
- Tool/ equipment availability
- Other:
- Personal protective equipment availability

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:

Additional details on possible cause(s): - continue on back or attach a sheet to this form, if needed

PART 5: PLANNED FOLLOW-UP EFFORTS

Check all that possibly apply:

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

Action Code	Description of Planned Action	Date Completed	Supervisor Initial
		Can submit form before completing	Can submit form before completing

Supervisor Signature**

Date

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

IMMEDIATELY FAX THIS FORM TO Human Resources at 317-940-8149

SUPERVISOR COMPLETE