

Accidental Injury/Occupational Illness Report

Please complete this report within 24 hours of all accidental injuries or occupational illnesses/exposures. This report is submitted to EHS for the sole purpose of fulfilling state and University notification requirements. This report is not an admission of fault nor has any determination of fault been made. The information reported is a brief summary of known facts at this time and is subject to change.

(Please Print)

- Employee Student Worker Student
 Volunteer Graduate Student Visitor/Other

Name: _____

Campus Address: _____

Address: _____

Telephone: _____

Campus Telephone: _____

W#: _____

Date of Hire _____

Position: _____

Supervisor: _____

Date of injury _____ Time of injury _____ AM / PM Time of shift start _____ AM / PM

Exact location of accident/exposure: _____

What were you doing at the time of injury or exposure? _____

Part(s) of body affected: _____ Type of injury: _____

Describe accident/exposure in full detail (what, how, where, machinery, etc., involved):

To whom did you report this?: _____ Date: _____ Time: _____ AM / PM

List any witnesses: _____

Did Police or Emergency services respond? _____

Physician/Hospital name: _____ Tele.# _____

Address: _____

Treatment involved: _____

In your opinion, was injury caused by an unsafe act (activity/movement) or an unsafe condition (machinery, weather)? Please explain:

In your opinion, what could be done to correct it? _____

Signature: _____ Date: _____

Return to: Environmental Health and Safety
Environmental Studies 72 Mail Stop 9070
Bellingham, WA 98225-9070
(360) 650-3064 Fax 650-6514

Supervisor's Report on Back of Page

Supervisor's Report

(Please Print)

Employee's name: _____ Department: _____

Exact location of accident/exposure: _____ Same as employee report

Date and time reported to you: _____ Same as employee report

Last day worked _____ Return to work full duty date _____ Return to restricted work date _____

Names of witness(es) interviewed: _____

Immediate action taken in response to injury: _____

In your opinion, what actions, events, or conditions contributed to the accident: _____

What recommendations do you suggest for prevention and follow-up: _____

Supervisor's Name _____ Signature _____ Date _____

Supervisor's title: _____ Campus telephone: _____

Environmental Health and Safety Report

(Please Print)

Not required/applicable

What actions, events, or conditions may have contributed to the accident: _____

Please explain your position, or cite specific regulations, policies, procedures, or other similar factors that apply: _____

Individuals contacted: _____

Corrective action taken: _____

What recommendations for prevention, follow-up, or training do you have: _____

EHS signature: _____

Date: _____