

DePauw University

Accident/Incident Investigation Report

(To be completed by the Manager of Safety and Risk Management Services within 24 hours of the incident)

Name of Injured/Ill Employee: _____

Position Title: _____ Department: _____

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Location of Accident/Incident: _____

Witness(es): _____

What was the employee doing prior to the accident/incident? _____

Was this activity part of the employee's assigned duties? Yes No

Was this activity conducted in the employee's normal work area? Yes No

Was this activity a normal activity for the employee to be doing? Yes No

Describe the accident/incident including details on equipment used, substances involved, etc.: _____

How quickly was the accident/incident reported to the proper authority? _____

What body part(s) was affected? _____

Was medical attention offered? Yes No Was medical attention accepted? Yes No

Was hospitalization required? Yes No Was the employee placed on leave? Yes No

Is there any reason to question the legitimacy of the accident/incident or injury/illness? Yes No

If yes, elaborate: _____

Cause of the Accident/Incident

Unsafe Acts

- Operating without authority
- Operating at unsafe speed

Unsafe Conditions

- Inadequately guarded