

**RICE UNIVERSITY**  
**ACCIDENT/INJURY REPORT**  
*Please Print*

**Section A: Details of incident**

- Injury                       Work related illness       Non work-related illness       Electrical incident
- Environmental incident       Property damage       Dangerous event       Laboratory incident

Name of person completing report: .....

Department: ..... Phone: .....

Date incident occurred: ..... Time incident occurred: ..... am / pm

Name of injured person: .....

Incident occurred while:

- At work       Traveling to/from work       On meal break       Other

Date reported: ..... Reported to: .....

Location of Incident: *(external area / building & room etc)*

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What happened? *(What were you doing at the time of the incident? Briefly describe how it happened.)*

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List any witnesses: *(names, telephone )*

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## Section B: Details of injured person and injury

Student/Staff ID: \_\_\_\_\_ M F Date of birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position title: \_\_\_\_\_ Department: \_\_\_\_\_

Employment status:

- Faculty  Staff  Graduate student  
 Undergraduate student  Visitor/member of public  Volunteer  
 Other: \_\_\_\_\_

Employment basis:  Full-time  Part-time

Name of injured person's supervisor: \_\_\_\_\_

Details of treatment required:  None  Self  First aid \*\*  
 Hospital  Seen by other Medical Doctor

\*\*Describe first aid treatment given:

\_\_\_\_\_  
\_\_\_\_\_

Nature of injury:

- Allergy or sensitivity  Fracture/dislocation  Occupational overuse injury  
 Respiratory  Burn / scalds  Exposure effects heat/cold  
 Asphyxiation  Contusion/crush  Communicable disease  
 Internal injuries  Puncture  Concussion or other neuro injury  
 Fainting  Bruising  Skin condition eg dermatitis/ eczema  
 Poisoning/toxic effects  Laceration/deep cut  Hearing loss  
 Hernia  Sprain/strain  Vision impairment  
 Foreign body  Nausea/vomiting  Electric shock or effects  
 Amputation  Multiple injuries  Psychological disorder/stress effects  
 Other \_\_\_\_\_

Part of body affected:

- Left  Back  Buttock  Forearm  Thigh  Head  
 Right  Neck  Internal  Wrist  Knee  Face  
 Groin /hip  Shoulder  Hand  Shin/calf  Ear  
 Chest  Upper arm  Fingers/thumb  Ankle  Eye  
 Stomach / trunk  Elbow  Foot/toe

Further description of injury/illness (if required):

\_\_\_\_\_  
\_\_\_\_\_

Agency of injury (what?)

- Vehicle/transport
  - Lifting/ Carrying
  - Repetitive work
  - Needle/sharp
  - Noise
  - Electrical
  - Objects
  - Other (please specify):
- Radiation
  - Biological agent (eg pathogens)
  - Chemical
  - Explosion/implosion
  - Non-power tool
  - Power tools
  - Surface (slippery/rough)
- Thermal (heat/cold)
  - Animal/Insect
  - Mobile plant/equipment
  - Machinery/fixed plant
  - Workstation design
  - Situation (violence, assault)
  - Psychological/social

Action/ mechanism which caused injury (how?)

- Fall from height
  - Muscle stress – repetitive
  - Muscle stress- loads
  - Hitting object
  - Noise
  - Slip/trip
  - Other (please specify):
- Exposure to chemicals
  - Exposure to electricity
  - Exposure to heat/cold
  - Exposure to radiation
  - Insect/animal bite
  - Pressure
- Exposure to biological material
  - Hit by/trapped in moving object
  - Exposure to vibration
  - Mental stress factors
  - Vehicle accident

Section C: Incident Investigation

*This section is to be completed by the local supervisor or department head for any incident involving personal injury, and for a serious incident or near miss where required.*

Identify any factors contributing to the incident.

- Design issues
- Inadequate supervision
- Inadequate/ lack of training
- Failure to follow work procedures
- Lack of experience
- Lack of appropriate Personal Protective Equipment
- Environment (eg floor/ground surface)
- Inadequate space
- Unforeseeable event
- Inadequate safety procedures
- Improper use/storage of materials
- Other environmental conditions (eg weather, lighting, ventilation, temperature)
- Equipment malfunctioning
- Poor/lack of suitable equipment
- Personal factors-stress, fatigue
- Inadequate equipment maintenance
- Poor housekeeping
- Other

Preventative/Corrective Actions:

*Describe the follow up actions planned or taken to prevent a similar incident.*

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Completion date .....

Supervisor/Department head signature .....

- Copy filed with department
- Copy sent to Environmental Health and Safety
- Copy sent to Risk Management