## **Accident/Incident Reporting**

NOTE: The same form is to be used for both Accident and Incident reporting. Simply check the type of report.

**Accident** is defined as an event that results in personal injury or property damage.

**Incident** is defined as an event that may have caused or resulted in injury.

**Hazard** is defined as an observable situation that could result in injury, property damage, and risk exposure to the university, or an individual if not addressed.

### **ACCIDENT**

All on-the-job accidents involving personal injury are to be reported on the university's **Accident/Incident Report**Form. Documentation of the event and distribution of the form should be completed within 24 hours of the event. Events include all on-campus activity and approved off-campus events inclusive of all administration, faculty, staff, students and visitors. It is the responsibility of the senior staff person most immediately involved to fill out the **Accident/Incident**Report Form and to assure its distribution.

- In event of injury, immediate medical attention should be sought.
- Call 911 for serious injuries when the injured cannot make a decision as to treatment options, is unconscious, entrapped, or physical assistance is required to affect resolution.
- Calling an ambulance should always be the decision of the injured unless they are unable to do so (University employees are not to act or function as an ambulance service).
- Treatment of the injured should only be attempted by those trained in medical procedures.
- The injured may elect to seek their own treatment, or none at all.
- Treatment options include the University Health Center, local clinics or hospitals.
- For accidents involving exposure to chemical substances a Material Safety Data Sheet should be obtained to assist with treatment options. They are available in departments where substances are used, from the Facilities Department or by calling 1-800-451-8346.

The Human Resources Department, University Counsel, or the Vice President of Student Affairs or their delegate, will contact the family of the injured as appropriate.

### INCIDENT

Complete the form in the same manner as for an accident except that there should be no notations related to injury as no obvious injury is present at the time of the report.

### **HAZARD**

Use the **Hazard Report Form** to report conditions that could result in injury to individuals or may need to be addressed to limit liability exposure to the university. Examples might include: slip, trip and fall hazards, potential chemical spills or improper storage of hazardous substances. This form will be used to document the reported hazard, record investigation and abatement activity and for applicable reporting. It may be sent to your immediate supervisor, the Safety Committee, Facilities Management or other administrator.

# SHEPHERD UNIVERSITY ACCIDENT / INCIDENT REPORT FORM THIS REPORT INVOLVES A: STUDENT EMPLOYEE VISITOR THE ACCIDENT/INCIDENT OCCURRED: ON CAMPUS OFF CAMPUS Complete this form for any accident resulting in personal injury, or incident that may have resulted injury, that occurs on Shepherd University property or any university sponsored event on or off campus. The university staff person in charge of the department or event is responsible to assure that this form is completed and distributed as indicated.

ACCIDENT / INCIDENT INFORMATION					
INJURED'S NAME (please print):					
First	Middle		Last		
ADDRESS:					
PHONE:					
DATE OF ACCIDENT/INCIDENT	:/	TIM	ME OF DAY:	am	pm
DESCRIBE THE ACCIDENT	/ INJURY / INCIDEN	<b>Г:</b> (То bе	completed by the injure	d party)	
					<del> </del>
		<del> </del>			
		<del></del>			
WHERE DID THE ACCIDEN	T / INCIDENT OCCI	ID2			
Building Fl			Crounds Area		
Event: F1			Grounds Area		
DESCRIBE ANY MEDICAL T			DELIVERED: (for acc	cident only)	
			<i>y</i>		
		<del> </del>			
		<del></del>			<del> </del>
WITNESSED and AGREED T					
Print Name					
Print Name	S	ignature	;		
REPORT SUBMITTED BY:			DAT	`E/	/
NEFUNI SUDMILLIEU BI: _			DAT	Li/	/

# **DISTRIBUTION OF COPIES (1 copy each) STUDENTS**

White: Safety Committee
Yellow: VP Student Affairs
Pink: University Health Center
Gold: University Counsel

### **EMPLOYEES / VISITORS / STD. EMPLOYEES**

White: Safety Committee Yellow: Supervisor of Employee

Pink: HR Office

Gold: University Counsel