



University of Pittsburgh

Department of Environmental Health and Safety

ACCIDENT / INCIDENT REPORT FORM

Public Safety Building, 4th Floor
3412 Forbes Ave
Pittsburgh, PA 15260
Phone: (412) 624-9505
Fax: (412) 624-8524
www.ehs.pitt.edu

This form should be used to document any accident or incident that may have resulted in injury or property damage that occurs on University property or any University sponsored event (on or off campus). This form does not supersede the need for faculty or staff to complete a First Report of Injury by calling 1-800-633-1197 to initiate a Workers Compensation claim.

TYPE OF INCIDENT: (circle one) Accident Hazardous Material Spill/Release Fire Other _____

THIS REPORT INVOLVES A: (circle all that apply) Student Faculty Staff Visitor General Public

INDIVIDUAL ASSIGNED TO (circle one)
Pittsburgh Johnstown Greensburg Bradford Titusville Pymatuning Plum RIDC Off Campus

INJURED'S NAME (please print): _____

HOME ADDRESS: _____

BEST PHONE NUMBER: ____/____/____

DATE OF ACCIDENT/INCIDENT: ____/____/____. TIME OF DAY: _____ AM / PM

WHERE DID THE ACCIDENT / INCIDENT OCCUR?

Building _____ Floor _____ Room _____ Campus Grounds _____

Event (IF APPLICABLE) _____

DESCRIBE THE ACCIDENT / INJURY / INCIDENT: (Describe clearly what took place. Include the materials, vehicles, equipment, processes, buildings and people involved.)

MEDICAL TREATMENT AND PROVIDER: (for accident only)

IF A SPILL/RELEASE WAS INVOLVED: (circle all that apply) Chemical Biological Radioactive

Chemical or biological agent name(s): _____

Approximate quantity: _____

Did spill reach (circle all that apply) floor drain storm sewer exterior soil

Who remediated the spill/release? _____

Method of clean-up: _____

Was a Hazardous waste generated by clean up activities? _____

Who was notified? _____

IF A FIRE WAS INVOLVED:

Who discovered? _____

Materials involved: _____

Source of Ignition: _____

Who extinguished (Instructor, Student, Police, Fire Department...)? _____

Extinguishing mechanism (fire extinguisher, sprinkler system, fire hose...): _____

Was fire alarm system activated? _____

Extent of damage: _____

IMMEDIATE CAUSES: (Actions/conditions that contributed most directly to this accident/incident.)

WHAT ACTION HAS BEEN OR WILL BE TAKEN TO CORRECT THE HAZARDOUS ACTS OR CONDITIONS CAUSING THIS INCIDENT?

Report Completed By: _____ **DATE** ___/___/___