ACCIDENT / INCIDENT REPORT FORM

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 all that apply):
Accident Hazardous Material Spill/Release Fire Animal 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, PPE utilized, processes, buildings, and people involved.)

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MEDICAL TREATMENT AND PROVIDER: (for accident only)

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_____________________________________________________________________________________

_____________________________________________________________________________________
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: ______________________________________________________________________________

IF AN ANIMAL WAS INVOLVED: Type of Species: _____________________________________________________

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_____/_____/________