Bowdoin College
Accident/Incident Investigation Form – Employee Report

EMPLOYEE INFORMATION

Employees must report any accident/incident to their supervisor immediately, and complete a written statement in support of their report. Please fill in the following as completely as possible. You must contact Human Resources (x3837) prior to obtaining voluntary outside medical attention.

Employee Name:

Address:

City:

State & Zip:

Phone #:	DOB:	Male Female

GENERAL ACCIDENT INVESTIGATION

Name of individual completing the report:

Date of accident/incident:	Time of accident:	Shift:	Overtime: Y/N

Supervisor's Name:

Date you reported the incident to your supervisor: Time:

When was supervisor notified? Immediately Later Explain:

Witness(es)? (*witnesses must also complete a written statement – attach to this document)

Describe location where accident/incident occurred:

Describe work being performed during accident/incident:

How long have you been performing these duties?

Was work within normal job duties?

Do you work for any ot(20ohn8hr10.8 32.4278.8801 Tm-0w( )Tjna9e7aBTji9(performi8)TjET Y/N If yes, please list:89.146.8 .40 ref26

INVESTIGATION

Contributing factors: Human error Unsafe conditions Weather Equipment Other

Explain:

Type of equipment, tool, vehicle, etc. involved:

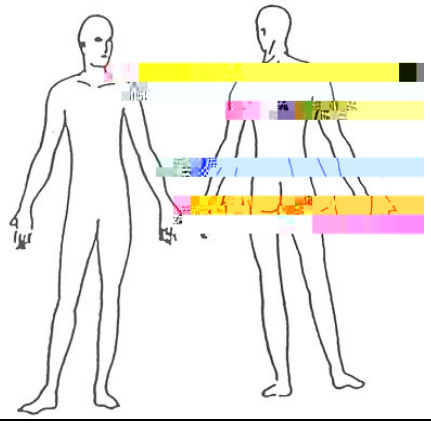
Was the right tool or equipment (e.g. safety glasses, Kevlar gloves, hearing protection, etc.) being used for the job?

ACCIDENT INVESTIGATION (CONTINUED)

Part of body: Employees involved: Activity being performed:	Please describe the incident to the best of your ability. What were you doing at the time of the incident?

Do you have any suggestions to prevent this type of accident from recurring?

Do you have any discomfort? Y/N Please describe the type of discomfort you are feeling:

Please identify the area in which you received an injury and any areas where you are feeling pain: Specify front or back. 	If your injury is serious and you require emergency medical treatment, contact SECURITY (x3500) and emergency medical transport will be arranged for you. If the accident/incident involved chemical exposure, a copy of the MSDS sheet must be provided to the hospital. All employees have the right to see their own physician and/or obtain a second opinion after 10 days from the date of the incident.

Individual completing report (signature):	Date: