

# VASSAR COLLEGE INCIDENT REPORT

Today's Date \_\_\_\_\_

**INSTRUCTIONS:** The supervisor and the injured employee will complete front page of this form for any incidents involving **personal injuries** or **near-miss incidents** (any event where a potential for injury or damage existed, but none occurred).

**Complete immediately after first aid/emergency response and fax to Vassar Benefits at 845-437-7729.**

Incident type:  Personal injury  Spill/leak  Fire/explosion  Near-miss  Other

(Check all that apply)

When did the incident occur? Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am / pm

Where did the incident occur? \_\_\_\_\_

When was the incident reported? Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am / pm

Worker Name (first, middle, last): \_\_\_\_\_

Worker Address (include city, state, and zip):

Street Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Occupation / Job Title: \_\_\_\_\_

At the time of the incident, was employee working a normal work shift?  Yes  No If no, why? \_\_\_\_\_

What is employee's normal work schedule (days & times?) \_\_\_\_\_

Was anyone working with the employee when this happened? If so, whom: \_\_\_\_\_

Did Worker receive first aid at Health Services?  Yes  No

Did Worker leave Vassar for medical treatment?  Yes  No

Name of medical provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Medical Provider: \_\_\_\_\_

*\*\* If Employee will leave Vassar for medical treatment, provide a copy of the Return to Work form to employee and have the employee request that the health care provider complete and fax the form to Vassar Benefits at 845-437-7729.*

Has the injured worker returned to work:  Yes, When: \_\_\_\_\_  No  Unknown

**I.) Describe the incident completely using the questions on the back of this form. (Proximate Cause)**

**II.) Identify why the incident occurred (Root Cause)**

**III.) Describe the injury/illness/damage:**

**IV.) List the Recommended Corrective Action(s):**

\_\_\_\_\_  
Supervisor Print Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Print Date

\_\_\_\_\_  
Employee Signature

# VASSAR COLLEGE INCIDENT REPORT

Today's Date \_\_\_\_\_

## Instructions:

The Incident Report Form must be completed ASAP after the employees immediate medical needs have been addressed to assist with the appropriate care of the injured person and the effective management of any claim that may ensue. Please complete the form with as much detail as possible to assist the Human Resources staff in their efforts with the insurance carrier and Employee Health Service staff to help prevent reoccurrence of this type of injury and any subsequent claim(s).

*The incident reporting and investigation process is not meant to establish "Fault". Vassar needs this information to care for injured workers and prevent this type of incident from occurring again on our campus.*

The following information is provided to guide you in the completion of the Incident Report form:

General – Complete the form with any information you have at your disposal at the time. If there are witnesses, please provide their names, phone numbers, etc. If you are not positive of issues, or if you are speculating on cause, please note in your comments. The important thing is to gather as much information and deduce the root cause of the incident.

Use additional paper if needed.

### I.) Describe the incident (Proximate Cause)

- Provide a step-by-step description of the events and conditions leading up to the incident.
- Note the individuals, equipment, conditions and environmental conditions leading up to and at the time of the incident.

### II.) Based on your knowledge of the job and what happened, identify the key reasons why the incident occurred (Root Cause)

- Using the Five Why process from your training, continue to ask why the incident occurred, until the root cause is identified.

### III.) Describe the injury, illness and / or property damage resulting from this incident:

- Describe injuries or property damage as best as you can.
- Provide as much detail as possible.
- Describe the status (availability for continued work or use) of the individual (work status), equipment or property (availability for continued use) involved in the incident.

### IV.) Develop Recommended Corrective Action(s):

- Remember, we are trying to prevent reoccurrence of this type of incident across our campus.
- Corrective actions should align with the root cause(s) you identified.
- Provide all ideas for corrective action.
- Follow the risk management decision process (presented in training) in developing ideas for corrective action:
  - 1) Eliminate the hazard
  - 2) Minimize the hazard
  - 3) Keep the person out of contact with the hazard (barrier or guard).
  - 4) Highlight the presence of the hazard (yellow paint, etc).
  - 5) Train the employee to be aware of and avoid the hazard.
- Note that you can combine risk reduction ideas (i.e. guards, highlighting and training).
- Be creative.