



ACCIDENT INVESTIGATION REPORT

This form is to be **COMPLETELY FILLED OUT** by the **Designated Accident Investigator** submitted to EKU's Department of Environmental Health & Safety within 48 hours following the accident/injury.

PERSONAL INFORMATION

Employee Visitor Student Other (Circle One)

Injured Person's Name

Date of Birth

Employee/Student ID

Address

City, State

Zip Code

Department

Job Title

Phone Number

EKU Case Number Assigned

OSHA 300 Log #

INJURY INFORMATION

Nature of Injury (incision, avulsion, puncture, abrasion, laceration):

Body Parts Affected (please be specific - right or left - pinky or index - etc.):

Injuries Treated At/By (list clinic and/or hospital):

Clinic/Hospital

Phone Number

Clinic/Hospital

Phone Number



ACCIDENT INFORMATION

_____	_____	_____	_____
Date of Accident	Time of Accident	Date Reported	Time Reported

Location of Accident:

All Others Involved in Accident (name and contact information):

_____	_____
_____	_____
_____	_____

Witnesses Not Involved in Accident (name and contact information):

_____	_____
_____	_____
_____	_____

Describe the Accident:

- What were the Accident Causes (obvious, general causes)?
1. _____
 2. _____
 3. _____
 4. _____



What were the Hazards, Unsafe Conditions or Unsafe Acts Involved (root causes)?

1. _____
2. _____
3. _____
4. _____

CORRECTIVE ACTION/COUNTERMEASURES

What could be done to prevent this kind of accident from happening again? Develop countermeasure and standardize (Use additional pages if needed).

Date of Completion

Responsible Person/Department

Follow-up Date (EH&S)

SIGNATORIES

Employee Signature (if applicable)

_____/_____
Date Time

Accident Investigator

_____/_____
Date Time

Claims Coordinator

_____/_____
Date Time

Environmental Health & Safety

_____/_____
Date Time