



Accidental Injury/Occupational Illness Report

Please complete this report within 24 hours of all accidental injuries or occupational illnesses/exposures. This report is submitted to EHS for the sole purpose of fulfilling state and University notification requirements. This report is not an admission of fault nor has any determination of fault been made. The information reported is a brief summary of known facts at this time and is subject to change.

(Please Print)

- Employee Student Worker Student
- Volunteer Graduate Student Visitor/Other

Name: _____

Telephone- Home: _____ Cell: _____ Campus _____

W#: _____ Position: _____

Date of injury _____ Time of injury _____ AM / PM Time of shift start _____ AM / PM

Exact location of accident/exposure: _____

Duties being performed: _____

Part(s) of body affected: _____ Type of injury/illness: _____

Describe accident/exposure in full detail (what, how, where, machinery involved, etc.):

To whom did you report this?: _____ Date: _____ Time: _____ AM / PM

List any witnesses: _____

Did Police or Emergency services respond? Yes No

Treatment

- None Onsite First Aid Doctor or Clinic Visit Emergency Room

Provider/Hospital name: _____ Tele.# _____

Causes/Corrections

In your opinion, was injury caused by an unsafe act (activity/movement) or an unsafe condition (machinery, weather)?

No Yes (Please explain) _____

In your opinion, what could be done to correct it? _____

Signature: _____ Date: _____

Forward to: Your supervisor or- Environmental Health and Safety
Environmental Studies 72 Mail Stop 9070
Bellingham, WA 98225-9070
(360) 650-3064 Fax 650-6514

Supervisor's Report on Back of Page



Supervisor's Report

(Please Print)

Employee's name: _____ Department: _____

Exact location of accident/exposure: _____ Same as employee report

Date and time reported to you: _____ Same as employee report

Last day worked _____ Return to work full duty date _____ Return to restricted work date _____

Names of witness(es) interviewed: _____

Immediate action taken in response to injury: _____

In your opinion, what actions, events, or conditions contributed to the accident: _____

What recommendations do you suggest for prevention and follow-up: _____

Supervisor's Name _____ Signature _____ Date _____

Supervisor's title: _____ Campus telephone: _____

Environmental Health and Safety Report

(Please Print)

Initial impression of contributing factors: _____

Further information under IPH number: _____

Initial: _____ Date: _____