

Longwood University Incident Report

Page One to be Completed by Employee

Type of Incident	<input type="checkbox"/> Injury	<input type="checkbox"/> Illness	<input type="checkbox"/> Property Damage	<input type="checkbox"/> DOT Vehicle Accident	<input type="checkbox"/> Other Vehicle Accident	<input type="checkbox"/> Other Incident	<input type="checkbox"/> Near Miss
1. Name of Employee				2. SSN(##)	3. Age	4. Date of Birth	
5. Sex <input type="checkbox"/> M <input type="checkbox"/> F		6. Marital Status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W		7. Number of Dependent Children	8. Current Physical Address		
9. Employee's Usual Occupation							
10. Employee's Occupation at Time of Incident							
11. Employment Category <input type="checkbox"/> Regular Full-time <input type="checkbox"/> Regular Part-time <input type="checkbox"/> Seasonal				12. Length of Employment <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 to 5 months <input type="checkbox"/> 6 mo. to 5 years <input type="checkbox"/> over 5 years		13. Time in Current Job <input type="checkbox"/> < 1 month <input type="checkbox"/> 1 to 5 months <input type="checkbox"/> 6 mo. to 5 years <input type="checkbox"/> over 5 years	
14. Location of Incident (Building, Room #, Outside location)					15. Incident Located on University Premises <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Date of Incident ____/____/____		17. Date Incident Reported ____/____/____		18. Incident Reported to:			
19. Employee's Direct Supervisor			20. Supervisor Contact Information (office location, phone number)				
21. Was a Longwood University Owned Vehicle Involved <input type="checkbox"/> N/A							
<input type="checkbox"/> Yes		<input type="checkbox"/> Vehicle in Forward Motion		<input type="checkbox"/> Vehicle in Reverse			
<input type="checkbox"/> No		<input type="checkbox"/> Vehicle in process of Parking		<input type="checkbox"/> Vehicle Other			
22. Time of Incident _____AM/PM Time Shift Began _____AM/PM		23. Hours working on Current Shift _____ Hours		24. Part of Employee's Workday at Time of Incident <input type="checkbox"/> Break Period <input type="checkbox"/> Meal Period <input type="checkbox"/> Overtime <input type="checkbox"/> Coming to/ Leaving Work <input type="checkbox"/> Performing Normal Work Duties <input type="checkbox"/> Other			

**Longwood University
Incident Report**

**Page Two to be Completed by
Employee**

25. Nature of Injury and body part or parts affected

26. Severity of Injury
 Fatality Hospitalization Medical Treatment First Aid N/A

27. Employee's Job Activity at Time of Incident

28. Describe the Incident (Be Specific)

29. Incident Sequence. Describe, in reverse order of occurrence, events preceding the injury and incident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury.

A. Injury Event _____

B. Incident Event _____

C. Preceding Event #1 _____

D. Preceding Event #2 _____

E. Preceding Event #3 _____

30. Employee Task and Activity at Time of Incident

General type of Task: _____

Specific Activity being Performed: _____

Longwood University
Incident Report

Page Three to be Completed by
Employee's Supervisor

31. Employee was Working: <input type="checkbox"/> Alone <input type="checkbox"/> With Crew or other Workers <input type="checkbox"/> Other _____
32. Was employee wearing appropriate Personal Protective Equipment (PPE) for the task being performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
33. Was employee under supervision at time of Incident? <input type="checkbox"/> Directly Supervised <input type="checkbox"/> Indirectly Supervised <input type="checkbox"/> Not Supervised <input type="checkbox"/> Supervision not feasible
34. Causal Factors. (Causal factors are events and conditions that contributed to the incident.) _____ _____ _____ _____
35. Unsafe Behavior. (Check all that apply, if any) <input type="checkbox"/> By-passing Safety Devices <input type="checkbox"/> Driving Errors <input type="checkbox"/> Failure to follow safe work Practices and/or procedures <input type="checkbox"/> Failure to get assistance <input type="checkbox"/> Horseplay <input type="checkbox"/> Failure to Use Appropriate Personal Protective Equipment <input type="checkbox"/> Improper lifting/ pushing <input type="checkbox"/> Unsafe Position <input type="checkbox"/> Inattention to Surroundings / Work area <input type="checkbox"/> Distracted from work <input type="checkbox"/> Other/Explain _____ _____
36. Hazardous Conditions. (Check all that apply, if any) <input type="checkbox"/> Defective Equipment <input type="checkbox"/> Lack of Machine Guards <input type="checkbox"/> Modified Equipment <input type="checkbox"/> Cluttered Work Area <input type="checkbox"/> Slippery Surface <input type="checkbox"/> Excessive Heat or Cold <input type="checkbox"/> Excessive Wind <input type="checkbox"/> Exposed Electrical Wiring <input type="checkbox"/> Failure to Follow Safe Work Practices and/or Procedures <input type="checkbox"/> Other/ Explain _____

**Longwood University
Incident Report**

**Page Four to be Completed by
Employee's Supervisor**

37. Supervisors Description of Incident

38. **Corrective Actions.** (Corrective actions are those which have been identified by the supervisor that have been taken or will be taken to prevent recurrence of the incident.)

Employee Review	Print and Sign Name	Date
Supervisor Review	Print and Sign Name	Date
HR Benefits Manager Review	Print and Sign Name	Date
EH&S Manager Review	Print and Sign Name	Date
Safety Committee Review		Date

Submit completed form to the HR Benefits Manager