University of Washington
Accident /Incident Report

Contact EH&S at 206-543-7388

PERSON INITIATING THIS REPORT

Last Name:	First Name:
Phone:	Email:
Occupation/Position:	Department:
Date Reported (mm/dd/yyyy):	Time of Reporting:

PERSON INVOLVED OR AFFECTED*

Last Name:	First Name:
Phone:	Email:

Status: ☐ UW Faculty or Staff ☐ Graduate Student ☐ Undergraduate Student ☐ Contractor ☐ Public ☐ Volunteer

INCIDENT DETAILS

Date of Incident (mm/dd/yyyy):	Time of Incident:
Campus:	Incident Location/Parking Lot:
Room:	Other:

Please describe what led up to the incident and what happened (please use "IP" for the involved party instead of using the injured person's name):

CLASSIFICATION *(Select a level and select an item in that section)*

○ Level 1

- ☐ Near miss (No incident occurred but it could have)
- ☐ Property damage only
- ☐ Injury or Exposure, no first aid required
- ☐ Injury requiring first aid
- ☐ Injury requiring medical treatment (Go to level 3 if in-patient hospitalization or amputation occurred)
- ☐ Injury involving lost work days
- ☐ Injury requiring restricted work or job transfer
- ☐ Loss of consciousness

○ Level 2

- ☐ Workplace violence
- ☐ Fire or Explosion

○ Level 3

- ☐ Death (Please call EH&S immediately at 206-543-7262, or if after daily hours UWPD at 206-685-8973 and ask for EH&S on-call)
- ☐ In-patient hospitalization of the injured party or amputation (Please call EH&S immediately at 206-543-7262, or if after daily hours UWPD at 206-685-8973 and ask for EH&S on-call)
- ☐ Accidents/Incidents occurring out of USA
- ☐ For EH&S/Risk Management use only

TYPE OF INCIDENT *(Select at least one item for each section; multiple items can be selected)*

Injury Description

- ☐ Allergy, Sensitivity Reaction
- ☐ Amputation
- ☐ Broken or Lost Tooth
- ☐ Bruise, Contusion
- ☐ Burn (Thermal, Chemical, Electrical)
- ☐ Chronic Irreversible Disease
- ☐ Cold Injury, Frostbite
- ☐ Concussion
- ☐ Cut, Laceration, Puncture, Scratch, Abrasion (Open Wound)
- ☐ Decompression Illness, Air Embolism
- ☐ Drowning, Suffocation
- ☐ Electric Shock
- ☐ Exposure to Potential Biohazardous (Infectious) Material
- ☐ Eye or Vision Issues
- ☐ Fainting, Loss of Consciousness, Seizure
- ☐ Fracture, Dislocation
- ☐ Gastrointestinal Upset
- ☐ Headache
- ☐ Hearing Loss
- ☐ Heart Disease
- ☐ Heat Stress, Heat-related Illness
- ☐ Mental, Emotional Distress
- ☐ Pain, Irritation, Inflammation, Swelling
- ☐ Poisoning by Substance
- ☐ Punctured Ear Drum
- ☐ Rash, Eczema, Dermatitis, Other Skin Condition
- ☐ Respiratory Symptom, Condition
- ☐ Sprain, Strain, Twist
- ☐ Tuberculosis
- ☐ None
- ☐ Property Damage Only
- ☐ Other

Body Parts Affected

- ☐ Head
- ☐ Face
- ☐ Eyes
- ☐ Ears
- ☐ Nose
- ☐ Mouth
- ☐ Neck
- ☐ Shoulders
- ☐ Arms
- ☐ Elbows
- ☐ Hands, Wrists
- ☐ Fingers
- ☐ Back
- ☐ Chest, Ribs
- ☐ Torso, Side
- ☐ Abdomen
- ☐ Groin
- ☐ Buttocks
- ☐ Hip, Pelvis
- ☐ Legs
- ☐ Knees
- ☐ Feet, Ankles, Toes
- ☐ Body Systems: Internal Organs, Nervous System, Respiratory, etc.
- ☐ None
- ☐ Other

Cause of Injury or Damage

- ☐ Animal (Other than Primates)
- ☐ Biohazardous Material, Infectious Agents
- ☐ Box Cutters, Knives, etc.
- ☐ Broken Glass, Splinter, Sharp Furniture Edge, etc.
- ☐ Chemicals
- ☐ Contact with Object: Bumped into Something
- ☐ Debris, Dust
- ☐ Drugs
- ☐ Electricity
- ☐ Ergonomic Issues, Repetitive Motions, Awkward Posture
- ☐ Fall from Height (6' or +)
- ☐ Fall of Less than 6', or on Stairs
- ☐ Fire, Explosion
- ☐ Flood, Wind, etc. (Indoors or Outdoors)
- ☐ Insect
- ☐ Involved in or Saw an Upsetting Event
- ☐ Machinery
- ☐ Motor Vehicle, Bicycle, etc.
- ☐ Needles, Medical Sharps, Scalpels, etc. (Clinical, Research, Teaching)
- ☐ Noise
- ☐ Non-Human Primate
- ☐ Overexertion, Overly Forceful Motions
- ☐ Patient Handling
- ☐ Plants, Vegetation
- ☐ Pressure Extreme (High or Low)
- ☐ Radiation
- ☐ Slip or Trip (No Fall)
- ☐ Splash
- ☐ Struck or Pinched by Moving Object
- ☐ Structures, Surfaces
- ☐ Temperature Extreme (Hot or Cold)
- ☐ Tools, Instruments
- ☐ Unintended Human Contact (Tripped, etc.)
- ☐ Ventilation, Indoor Air Quality Issues
- ☐ Violence: Patient, Staff, Visitor
- ☐ None
- ☐ Other

*EH&S has hire date, date of birth, employee's gender and hours of employment on file

POSSIBLE FACTORS (*Select at least one item; multiple items can be selected within and among the sections)*			
Equipment	**Environment**	**Policies/Procedures**	**Human Factors**
☐ Defective Tools, Equipment ☐ Defective Material ☐ No Guards, Barriers ☐ Inadequate Guards, Barriers ☐ Using Equipment Improperly ☐ Inadequate Maintenance ☐ Improper Equipment ☐ Other	☐ Inadequate Ventilation ☐ Inadequate or Excessive Illumination ☐ Air Contaminants ☐ Chemicals ☐ Noise ☐ Fire, Explosion ☐ Animal Action ☐ Poor Housekeeping ☐ Inclement Weather ☐ Slippery, Uneven Surface ☐ Ergonomic Issues ☐ Sharp Objects ☐ Hot Objects ☐ Frost Bite ☐ Heat Stress ☐ Other	☐ Failure to Follow Procedures ☐ Appropriate Procedures Non-existent ☐ Inadequate Instructions, Procedures ☐ Inadequate Planning, Preparation ☐ Inadequate Support, Assistance ☐ Other	☐ Inadequate Training ☐ Inadequate, Improper PPE ☐ PPE Not Used ☐ Improper Lifting ☐ Failure to Follow Established Protocols, Procedures ☐ Verbal Assault ☐ Physical Assault ☐ Inattention ☐ Loss of Balance ☐ Rushing ☐ Phobia, Anxiety ☐ Horseplay ☐ Other

SUGGESTED CORRECTIVE ACTIONS BY THE AFFECTED PARTY	
☐ Provide safety training	☐ Change/review work procedures
☐ Undertake hazard assessment	☐ Provide PPE
☐ Submit request for maintenance/repair	☐ Other (Please describe below)
☐ Change work area layout/design	
Suggested corrective action by the affected party:	

SUPERVISOR		
Name:	Phone Number:	Email:
Possible Causes: (Please look at all the factors that may have contributed to the accident. Such factors may include equipment, policies, procedures, and personnel.)		
Recommendations/Preventive Measures:		
Corrective Actions Target Date (mm/dd/yyyy):	Corrective Actions Complete Date (mm/dd/yyyy):	
Approve Investigation and Corrective Actions: ☐ Yes ☐ No	Corrective Actions Complete: ☐ Yes ☐ No	
Comments:		

EH&S ACTIONS	
Date Entered into OARS:	OARS Tracking #:

Please e-mail this form to EH&S, injury@uw.edu. Keep a copy for your records.

If you completed this form as a paper document, send the original to Box 357165.