Calvin Environmental Health and Safety Department

Calvin University Incident Report Form

Check the box(es) to indicate what you are reporting:

☐ Injury ☐ Incident ☐ Property/Equipment Damage ☐ Near Hit/Close Call

Are you a…

☐ Student Worker ☐ Faculty ☐ Staff ☐ Non-Employee

INJURED PARTY

Your Phone number (Area Code)	Employee Name		
Date of Injury	Time of Incident	Dept.	Shift ☐ 1st ☐ 2nd ☐ 3rd
Home Address	City	State / Zip	
Date of Birth	Date of Hire	Social Security # (must have for filing comp claim)	Date Reported to EHS or Supervisor
Email:			
Where did incident occur? (i.e., loading dock at north entrance of SB)	Name of Witness(es)		
If injury occurred off-campus provide as much detail as possible:			

List specific **body Part** injured (ex: Right thumb): _____

Nature of injury:

☐Strain/Sprain ☐Fracture ☐Laceration ☐Bruising ☐Scratch/Abrasion ☐Dislocation ☐Amputation ☐Burn/Scald

☐Foreign Body ☐Chemical Reaction ☐Allergic Reaction ☐Concussion ☐Heat Related Illness

☐Other (specify):

Previous injury to affected body part? ☐ Yes ☐ No	If YES, explain in detail

PROPERTY and/or EQUIPMENT DAMAGE

List property / equipment damaged:	Nature of damage:
Object / substance inflicting the damage:	Approximate cost:

THE INCIDENT

Who was involved in the incident?
What were you doing when the incident occurred?

What do you believe caused the incident to occur?
What could be done to prevent this incident from happening again?
If you were using equipment/tools, were guards, safety devices, and/or interlocks active or in use? ☐ Yes ☐ No
If a contractor was involved, please provide name and address:

WHY did this happen? (Root Cause Analysis) Check all that apply		
UNSAFE ACTS	**UNSAFE CONDITIONS**	**MANAGEMENT SYSTEM DEFICIENCIES**
☐Improper work technique	☐Poor workstation design or layout	☐Lack of written procedures or safety rules
☐Improper PPE, not used or used incorrectly	☐Fire or explosion hazard	☐Safety rules not enforced
☐Safety rule violation	☐Congested work area	☐Hazards not identified
☐Operating without authorization	☐Hazardous substances	☐PPE unavailable
☐Failure to secure or warn others	☐Inadequate ventilation	☐Insufficient worker training
☐Operating at improper speeds	☐Improper material storage	☐Insufficient supervisor training
☐By-passing safety devices	☐Improper tool or equipment	☐Improper maintenance
☐Guards not used	☐Insufficient job knowledge	☐Inadequate supervision
☐Improper loading or placement	☐Slippery conditions	☐Insufficient job planning
☐Improper lifting	☐Poor housekeeping	☐Inadequate hiring practices
☐Servicing or adjusting machinery in motion	☐Excessive noise	☐Poor process design
☐Horseplay	☐Inadequate guarding of hazards	☐Inadequate workplace inspections
☐Drug or alcohol use	☐Defective tools/equipment	☐Inadequate equipment
☐Unsafe act of others	☐Insufficient lighting	☐Unsafe design or construction
☐Unnecessary haste	☐Inadequate fall protection	☐Unrealistic scheduling
☐Other:	☐Other:	☐Other:
List immediate action taken:		
What should be done to prevent a recurrence:		

SIGNATURES	
Employee or Non-employee signature:	Date:
Supervisor signature:	Date: