Accident Report Form

Faculty, staff and students who are involved in an incident should inform their supervisor of the incident immediately. The WPI Accident Report Form must be completed and submitted to WPI Human Resources within 24 hours. Please print legibly and provide as much information as available at the time of submission. Questions regarding completion of this form shall be directed your supervisor or HR at 508-831-5470.

I. Personal Information: *(to be completed by injured individual)*

Name of injured individual: ______________________________ Gender: Male ☐ Female ☐

Home Address: ______________________City____________State_____Zip Code_______

Home/Cell Phone Number: ________________ Date of Birth: ___/___/___

Last 4 digits of Social Security#:________ or WPI ID#:_____________

Marital Status: Married ☐ Single ☐ Separated ☐ Widowed ☐ Divorced ☐

Check One: Staff ☐ Faculty ☐ Graduate Student ☐ Undergraduate Student ☐ Other ☐ __________

If student, did the incident occur as a result of your course of study ☐ or employment ☐ *(please check one)*

Position Title: _________________ Department: _________________ Date of Hire: ______

Supervisor Name: ________________________ Supervisors Phone #:_________________

II. Incident Information: *(to be completed by injured individual)*

Date of Incident: ___/___/_____

Time of Incident: ________ AM ☐ PM ☐

Time shift began: ________ AM ☐ PM ☐

Location of Incident (Please be specific): ____

____

Source of Incident (tool, machine, substance etc…): ________________________________

____

Type of Injury (burn, fracture, cut etc…): ______________________________________

Injured body part(s): ____

Explanation of how the incident occurred: _____________________________________

____

____

____

____

Witnesses to the incident? Yes ☐ No ☐ If yes, names: ______________________________

Other injured parties? Yes ☐ No ☐ If yes, names: _________________________________

Are relevant photos of incident/area/conditions available? Yes ☐ No ☐ If yes, please provide copies to HR.

Was Campus Police contacted? Yes ☐ No ☐

Was medical attention sought? Yes ☐ No ☐ If yes, Date: ___/___/_____ Time: ______ AM ☐ PM ☐

If yes, name and address of medical provider: _________________________________

____

____

Signature of Injured Individual: _________________________________ Date: ___/___/_____

Signature of Supervisor: _______________________________________ Date: ___/___/_____

Please complete both sides of this form

III. Investigation Information: *(to be completed by injured individual's supervisor)*

Describe in detail how the injury occurred: ____

____

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____

____

To whom was incident reported: ___________________________________ Date: _____/_____/_____

Was the individual performing regular work activities when injured? Yes ☐ No ☐

If no, please explain: ____

____

What was injured person doing when the incident occurred? ______________________________

____

How were they doing it? ____

____

Was injury a result of unsafe acts? Yes ☐ No ☐ If yes, describe unsafe act in detail: ____________

____

____

Was injury a result of unsafe condition(s)? Yes ☐ No ☐ If yes, describe unsafe condition(s) in detail: _____

____

____

Could this incident have been prevented? Yes ☐ No ☐

What is the planned corrective action(s)? ____

____

____

Person responsible for corrective action: ____

Expected date corrective action will be completed: _____/_____/_____

Use this area to make any additional comments relative to this incident: _____________________

____

____

____

Name of person completing investigation (print): ______________________________________

Signature of person completing investigation: ____

Date investigation completed: _____/_____/_______

Completed Accident Report Forms must be faxed (508-831-5715) or dropped off at the Human Resources Office (Boynton Hall) within 24 hours of when the incident occurred. Completed Accident Report Forms for work related injuries are forwarded to WPI's workers compensation insurance carrier. Additionally all Accident Report Forms are sent to WPI's Office of Environmental Health & Safety.