

DUQUESNE UNIVERSITY INCIDENT/ACCIDENT INVESTIGATION REPORT

EMPLOYEE NAME (Printed): _____

OCCUPATION: _____ DEPT/SUPERVISOR & EXT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MALE ___ FEMALE ___ MARRIED? ___ DATE OF BIRTH _____ PHONE NUMBER _____

DATE OF INJURY: _____ TIME OF INJURY: _____ REPORTING DATE: _____

NORMAL STARTING TIME _____ STATUS: Employee Student Other

ARE YOU ENROLLED IN MEDICARE? ___ NO ___ YES

Section 1 – Completed by employee with supervisor:

IMPORTANT NOTE TO INJURED EMPLOYEE: PLEASE BE SURE TO READ AND SIGN ALL PAGES.

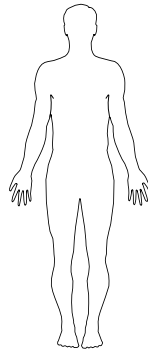
1. How did injury occur? (Describe events leading to injury. Exact location, any object or substance involved and how it was involved.)

2. Describe the nature of injury (Amputation, cut, contusion, strain, foreign body, burn, etc. and **name body part** - right index finger, left knee, etc. – and indicate on diagram in Section 2)

Action(s):

- 1. Sent to doctor? Yes No
If Yes, Name: _____
- 2. Sent to Hospital? Yes No
If Yes, Name: _____
- 3. Went to Health Service? Yes No
- 4. Sent home? Yes No
- 5. Returned to work: Yes No

Indicate on Diagram – Location of Injury



(Front)

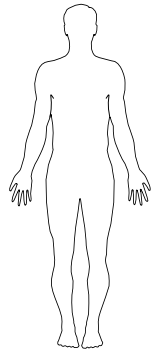
Type of Injury

- 1. Laceration
- 2. Hematoma
- 3. Abrasion
- 4. Burn
- 5. None Apparent
- 6. Other

Specify: _____

ACCIDENT

- 1. Fatal
- 2. Non Fatal



(Back)

(TURN OVER)

Section 2 – Completed by Witness(s):

Witness # 1: (Print Name) _____

Signature Date

Witness # 2: (Print Name) _____

Signature Date

Section 3 -- Completed by Supervisor:

1. What could have been done to prevent the injury?

2. Was corrective action taken / necessary?

3. Additional comments:

Employee: Printed Name Signature Date

Supervisor: Printed Name Signature Date

Reviewed by: Printed Name Signature Date

**PLEASE RETURN THIS COMPLETED FORM TO:
GENNY HUGHES IN EH&S AND RISK MGT.
412-396-6677**