



# University of Alaska Fairbanks

## Accident/Incident Report (personal injury)

To report an automobile accident, do not use this form, please go to:

[http://www.alaska.edu/risksafety/g\\_forms-library/alinsured.pdf](http://www.alaska.edu/risksafety/g_forms-library/alinsured.pdf) -fill out form

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**SECTION I: EMPLOYEE INFORMATION** (completed by employee)

Name \_\_\_\_\_ Sex  Male  Female Date of Birth \_\_\_\_\_  
(Last, First, M)

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Date Employed \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Department \_\_\_\_\_ Work Phone \_\_\_\_\_

(Normal department, even though working in another department at time of incident)

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**SECTION II: INCIDENT** (completed by employee)

Job title at time of incident \_\_\_\_\_ Experience in this job \_\_\_\_\_

Department where incident occurred \_\_\_\_\_ On company premises? Yes \_\_\_ No \_\_\_

Exact location of incident \_\_\_\_\_

How did the incident occur? Describe events that resulted in incident. What happened? How did it happen? What were you doing? (Be specific)

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Describe injury/illness in detail. Indicate body part(s) affected. (Examples: Twisted left knee with excessive swelling, cut right index finger at second joint, fracture of ribs, nauseous from inhaling fumes, etc.)

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Name the object/substance that directly injured employee. (Examples: lathe, chlorine gas, 50 pound box, etc.)

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Name(s) of witness(es) \_\_\_\_\_

Severity of injury: \_\_\_None \_\_\_First Aid \_\_\_Medical treatment

Date of incident \_\_\_\_\_ Time \_\_\_\_\_:\_\_\_\_\_ \_\_AM \_\_PM Date employer knew of accident \_\_\_\_\_

Additional Employee Comments:

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**Fill in the above information and print the two page form. Forward to your supervisor for completion of section III**

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**SECTION III: SUPERVISOR'S REPORT OF INCIDENT** (completed by employee's supervisor)

When were you notified of injury/illness? Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ AM \_\_\_\_ PM

Do you agree with the employee's incident information on side one? \_\_\_ Yes \_\_\_ No (provide comments below)

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What could have been done to prevent this accident? \_\_\_\_\_

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What action have you taken to avoid any reoccurrence? \_\_\_\_\_

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Supervisor's name \_\_\_\_\_ Shop/Department \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

***Forward to EHS&RM via intercampus mail Box 8145, or fax at 474-5489***

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**SECTION IV: INVESTIGATION** (completed by Safety Officer)

Background Information of Incident (provided by employee) validated \_\_\_ Yes \_\_\_ No (If no, provide comments \_\_\_\_\_)

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Account of Accident (what happened—sequence of events, extent of damage, type of accident/hazard, agency or source of energy/hazardous material. etc.)

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Analysis of Accident (How/Why—Direct, indirect, and basic causes) \_\_\_\_\_

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Recommendations to Prevent a Recurrence \_\_\_\_\_

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Safety Officer Name \_\_\_\_\_

Safety Officer Signature \_\_\_\_\_ Date \_\_\_\_\_