

**ST. JOSEPH'S COLLEGE
ACCIDENT INVESTIGATION REPORT**

THIS REPORT MUST BE FILED WITH THE HUMAN RESOURCES OFFICE WITHIN 24 HOURS OF AN ACCIDENT OR INJURY. PLEASE PRINT CLEARLY.

Investigated by: _____ Position: _____
Date Investigated: _____ Time: _____

Date of Accident: _____ Time of Accident: _____

List anyone injured:

| Name | Position | Injury |
|-------|----------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Describe the accident:

Did the following factors contribute to the accident?

- | | |
|--|---|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Equipment Condition |
| <input type="checkbox"/> Work Environment or Layout | <input type="checkbox"/> Training, Experience |
| <input type="checkbox"/> Floor or Surface Condition | <input type="checkbox"/> Procedure Violation |
| <input type="checkbox"/> Lighting or Visibility | <input type="checkbox"/> Morale or Attitude |
| <input type="checkbox"/> Noise or Distractions | <input type="checkbox"/> Alcohol or Substance Abuse |
| <input type="checkbox"/> Air Quality, Temperature, Weather | <input type="checkbox"/> Supervision |

Other _____

When, how and by whom were you notified of the accident or injury?

What actions have been taken to prevent this type of accident from happening again?

Do you have any recommendations? _____

Supervisor's Signature

Date

Received in Human Resources

Date: _____

Time: _____