GEORGE FOX UNIVERSITY
INCIDENT REPORT
FOR: WORK-RELATED INJURY OR NEAR MISS

**SECTION 1- to be completed by the injured/involved employee**.

Injured/Involved Employee: _____ Department:_____

Today's Date:_____ Date of Incident: _____ Time of Incident: _____AM/PM

Describe Incident: _____

_____

Describe Injury (N/A if no injury):

_____

_____

Were you performing work related duties at time of incident/injury? Yes No
If No, Explain: _____

_____

Have you injured this area previously? Yes No

If yes, Explain: _____

_____

**SECTION 2 -to be completed by the employee and the employee's supervisor.**

Location of incident (be specific):_____

Was anyone else involved? Yes No If yes, who _____

Working regular shift? Yes No Regular schedule (days/hours): S S M T W T F _____

Working Overtime? Yes No Years/Months Employed (or hire date): _____

Orientation and training completed? Yes No If no, explain: _____

Body part injured (if applicable): a) Head b) Neck c) Face d) Shoulder e) Arm f) Hand/Wrist g) Chest h) Side i) Hip j) Upper Back k) Lower Back l) Leg m) Knee n) Ankle o) Foot p) Other_____ _____ Left _____ Right

Were any work rules or policies violated? Yes No If yes, what: _____

How could this accident have been prevented? Explain: _____

_____

_____

Please list witnesses: _____

Was medical care needed? Yes No NOTE! If **YES** to medical care needed or time loss, complete an 801 form!!!!

I certify that the information in this report is true and accurate.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Forms to be submitted to Employee Empowerment Campus Box 6108 as soon as possible. If worker is hospitalized, report incident immediately to Campus Security at 503-554-2090 and Employee Empowerment at 503-554-2180.

9/2017

George Fox University

CAUSE AND CORRECTIVE ACTION FORM

This form to be completed as soon as possible by the person conducting the investigation:

To aid in the determination of what caused the incident, please check the following boxes that apply.

WORK BEHAVIOR

[ ] Improper moving of work materials
[ ] Improper lifting or carrying of Equipment, tools, etc.
[ ] Improper pushing/pulling of equipment, materials
[ ] Horseplay
[ ] Improper technique used in transferring of individual
[ ] Working beyond skill level
[ ] Failure to get assistance
[ ] Inattention to surroundings

SAFETY EQUIPMENT

[ ] Adequate
[ ] Inadequate
[ ] Improperly Used
[ ] Not Available
[ ] Not Used
[ ] Damaged
[ ] Other

SAFETY RULES

[ ] Adequate
[ ] Inadequate
[ ] Not Followed
[ ] Not Enforced
[ ] Not Known

[ ] Other? Explain: _____

_____

Questions to ask the injured/involved worker. YOU MAY NEED TO ASK OTHER QUESTIONS TO HELP YOU DETERMINE THE CAUSE OF THE INCIDENT. Use additional paper if necessary. This is intended to be a guide.

| YES | NO | N/A | |
|---|---|---|---|
| [ ] | [ ] | [ ] | Was additional help necessary? |
| [ ] | [ ] | [ ] | Was Personal Protective Equipment used? |
| | | | If NO, what should have been provided/used? _____ |
| [ ] | [ ] | [ ] | Are there any Maintenance or Housekeeping problems present? |
| | | | If yes, explain: _____ |

Why did the incident occur? _____

_____

_____

RECOMMENDATION TO PREVENT RECURRENCE: [Note: Recommendation is to be completed by the injured workers supervisor.] _____

_____

_____

Who will complete recommendation? _____

Date recommendation to be completed: _____ Date recommendation completed: _____

Interviewers Signature: _____ Date: _____

Safety Chairperson's Signature: _____ Date: _____

Injured/Involved Employee Spvr's Signature: _____ Date: _____

NOTE TO INTERVIEWER: After review and acceptance by the safety committee of the "recommendation to prevent recurrence", this completed form will be routed to the injured employee's supervisor.

9/2017

GEORGE FOX UNIVERSITY
WITNESS REPORT FOR INJURY OR NEAR MISS

Name of Injured/Involved_____ Worker : _____

Date and Time of Incident/Injury: _____

Witness Name and Title (if applicable): _____

Please describe the incident:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I certify that this report accurately describes the circumstances I witnessed that resulted in a near-miss or injury to the above mentioned worker.

_____ _____

Witness Signature Date

9/2107