The University of Akron

Accident / Incident Follow up Information

For severe or life threatening injuries to employees of The University of Akron, call 911 immediately. Once 911 has been called, promptly contact the Office of Environmental and Occupational Health & Safety (EOHS) at 330-972-6866 to report the injury. If the injury occurs after business hours, please leave a message.

For minor occupational injuries, please contact EOHS at 330-972-6866. If after business hours, please leave a message.

For all injuries, the supervisor/faculty advisor shall:

- Follow the EOHS/College Safety Policies
- Ensure that an Incident Report and necessary paperwork is completed as comprehensively as possible and submitted to EOHS/Safety Officer and Benefits/Human Resources within 24 hours. eohs@uakron.edu and AskHR@Workdayhelp.uakron.edu
- An Accident/Incident Investigation will take place as outlined in the Safety Incident Investigation Policy.
- Make every effort not to disturb the involved area and/or activity, keeping access to the area secure until EOHS arrives.
- Contact any researchers that may have ongoing experiments in the affected area or lab.

What is the purpose of Accident / Incident investigation?
The intent of an accident or incident investigation is prevention and correction (i.e.identify the root cause(s), not to assign blame). We do not want the same incident or accident to reoccur with potentially more harmful consequences.

Definitions:

ACCIDENT: an undesired event that results in personal injury or property damage.

INCIDENT: an unplanned, undesired event that adversely affects completion of a task.

NEAR MISS: incidents where no property was damaged and no personal injury sustained, but where, given a slight shift in time or position, damage and/or injury easily could have occurred.

When should an investigation be conducted?

All incidents, whether a near miss or an actual injury-related event, should be investigated. Near miss reporting and investigation enable identification and control of hazards before they cause a more serious incident. Accident/incident investigations are tools for uncovering hazards that were either missed during earlier job hazard analyses/chemical hygiene plans/standard operating procedures or have managed to slip away from the controls planned for them. To be useful, an investigation needs to be done with the aim of discovering every contributing factor to the accident/incident in order to “fail-safe” the condition and/or activity to prevent reoccurrence.

While all accidents should be investigated, including accidents involving property damage only, the extent of the investigation shall be reflective of the seriousness of the accident and completed as outlined in the Safety Incident Investigation and accompanying Safety Policies.

Effects of accident investigations

Recommended preventive actions should make it very difficult, if not impossible, for the incident to recur. The primary purpose of accident investigations is to prevent future occurrences. Beyond this immediate purpose, the information obtained through the investigation should be used to update and revise controls used to reduce hazards to students/faculty/staff. For example, the job hazard analysis/chemical hygiene plans/standard operating procedures should be revised and those affected by the changes retrained to the extent that it fully reflects the recommendations made by an accident/incident investigation report.

The investigation will strive to answer 6 key questions: Who, What, When, Where, Why and How. Fact will be distinguished from opinion but both should be presented carefully and clearly. The Accident/Incident report will include thorough information from all that were involved. This report will improve the investigation to likely reveal several contributing factors, and it probably will recommend several preventive actions.

If you have any questions regarding the information contained in this document or for help filling out the Accident/Incident Report please contact EOHS at 330-972-6866.

The University of Akron
ACCIDENT / INCIDENT REPORT

Save this file to your computer, complete your section, email a copy to the next person for their part, and when all information has been entered, printed, and signed by the Principal Investigator, scan to email and send to eohs@uakron.edu and AskHR@Workdayhelp.uakron.edu

☐ Injury	☐ Accident	☐ Near Miss
I. **Report by person involved**		
Location of Incident: Enter Location		
Date/Time of Incident: Enter Date/Time	Date/Time Reported: Enter Date/Time	
Name: Enter Name	Date Prepared	3+2 Student Yes/No
Employee #: Enter Employee #	Phone Number: Enter Phone #	Date of Birth: Enter DOB
Sex: Make Selection	Job Title: Enter Job Title	
Home Address: Enter Home Address		
Did you have any loss of work time? Make Selection	If Yes, date of return to work: Click to enter a date	
Did you receive medical treatment? Make Selection	If Yes, where? Enter name of provider	
How long at this job/research? Enter length of time	Position/Title (e.g., Grad Student, Technician, Post-doc Enter Position/Title	
Principal Investigator/Supervisor: Enter name of Principal Investigator/Supervisor		

A. Describe how the incident occurred.

1. Explain the operation in which you were involved. What were you doing before the incident occurred? What was your goal? What were you doing at the time the incident occurred? What were the conditions of your work?

   Is this a routine operation? Yes or no Enter Explanation

2. Describe the incident in detail. What happened?

   Enter incident description

3. Describe the sequence of events that followed the incident. How did you respond?

   Enter sequence of events

4. Describe any equipment, machinery, or instruments in use at the time of the incident and their potential contribution to the incident.

   Enter description of equipment used

5. What methods of Emergency Notification were made? Please check all that apply.

☐**911** ☐**EOHS** ☐**Red Phone**☐**Safety officer** ☐**Fire Alarm** ☐**Other** If other, please list methods

B. Did you sustain any injuries? What were they? How were they treated? Did you require medical care? Describe the severity of the injury.

Describe any injuries

C. Was there any property loss or damage? Please elaborate.

Describe any property loss/damage

D. Safety Rules and Procedures.

1. Was the use of personal protective equipment (PPE) necessary during the given operation/experiment? Was the PPE worn? What did it consist of?

Describe PPE use

2. What type of training did you receive prior to engaging in this specific operation? Was the training adequate? What did it consist of? What method of training was used?

Describe training

3. Are there any specific safety rules which apply to this procedure? Were they followed? Are they adequate?

Describe safety rules

4. Was an Unattended Lab Experiment form needed? If so, was it completed and posted correctly?

Describe Unattended Experiment form usage

5. Other Comments.

Enter any additional comments

E. Causal Factors

1. What do you perceive to be the causal factors behind this incident? This could include: inadequate management oversight; lack of appropriate safety policy; proper equipment not used, required, or supplied; etc.

Describe casual factors

2. What are your recommendations for preventing recurrence?

Provide recommendations

F. Information submitted to H.R. and copies to EOHS/Safety Officer? Choose an item.
(If no, date when it will be provided)
Procedures Click or tap to enter a date. BWC Paperwork Click or tap to enter a date.

II. Other Individuals Involved/Witnesses

A. Name: Enter Name Position: Enter Name
Name: Enter Name Position: Enter Position
Name: Enter Name Position: Enter Position

1. Description of Incident – Where were you and what were you doing when the incident occurred? What did you see?

Enter description of incident

2. Additional comments or observations.

Enter additional comments/observations

B. Name: Enter Name **Position** Enter Position

1. Description of Incident – Where were you and what were you doing when the incident occurred? What did you see?

Enter description of incident

2. Additional comments or observations.

Enter additional comments/observations

III. Report by Principal Investigator/Supervisor

A. How and when did you learn of the incident?

How/when did you learn of the incident

B. Contributing/Mitigating Factors – What do you perceive to be the causal factors behind this incident? This could include inadequate management oversight; lack of appropriate safety policy; improper procedure; proper equipment not used, required, or supplied; etc.

Enter contributing/mitigating factors

C. Immediate corrective action taken.

Enter corrective action taken

D. Additional remediation efforts to prevent future recurrence (and expected date of implementation).

Enter any additional remediation efforts
Choose expected date of implementation

E. Comments

Enter additional comments

F. BWC paperwork submitted to EOHS/Safety Officer within 24 hours? Choose an item.(If no, date when it will be provided) Click or tap to enter a date.

Please print this form, sign and scan to email: eohs@uakron.edu **and** AskHR@Workdayhelp.uakron.edu

Principal Investigator/Supervisor Signature: _____

IV. Initial Report by EOHS/Safety Officer

A. Initial Interview Date/Time

Student Faculty Advisor _____

B. Lab Locked Out? Date/Time Choose an item. Click or tap to enter a date.

C. Additional Comments:

Enter any additional comments

V. Accident/Incident Investigation Results

A. Lessons Learned

B. Corrective Action Taken

C. Investigation Photos