



This report is to be completed by the supervisor with the assistance of the affected employee. **Answer All Questions**

Employee Name	Date of Accident
Department	Work Phone #
Nature of Injury/Exposure	
Description of Event: What was employee doing just before and at the time of the incident? What happened or what work conditions contributed (e.g. repetitive motion during pipetting in laboratory, slipped on water on floor in front of ice machine)?	

Factors that contributed to accident/incident – Please check all that apply.

Hazard

- Not recognized/identified
- Identified but not addressed
- Inadequate repair

Work Procedures

- None developed
- Not followed
- Partially followed
- Not understood
- Not appropriate
- Not communicated
- Other _____

Training & Certification

- Insufficient training
- Circumstances not covered
- Ineffective training
- Worker not authorized
- Outdated Training

Communication

- Breakdown in verbal communication
- Breakdown in written communication
- Confusion after communication
- Other _____

Other

- Weather/temperature
- Extended work hours
- Worker fatigue
- Physical overexertion
- Work in elevated area
- Chemical Use
- Biological agent
- Radiation
- Electricity
- Mechanical

Facilities/Equipment

- Personal protective equipment (See below)
- Faulty equipment
- Poor/inadequate maintenance
- Inappropriate use
- Missing guards
- Obsolete/antiquated equipment
- Inadequate design
- Ergonomic factors
- Equipment failure
- Trip hazard
- Slip hazard
- Struck by
- Other _____

PPE Requirements

	Req.	Used	Type
Eye	<input type="checkbox"/>	<input type="checkbox"/>	_____
Face	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin/Glove	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: If an accident/incident resulted in an injury, please refer to the "How to report an accident or injury" form located on page 2.

Prevention – Describe all corrective actions taken to prevent recurrence (e.g. initiated work order for sidewalk repair, retrained workers on use of eye protection, installed ergonomic keyboard/mouse tray).

Action: _____

Person responsible: _____ Expected Completion Date _____

Action: _____

Person responsible: _____ Expected Completion Date _____

Supervisor Name _____ Title _____ Phone _____

Signature _____ Date _____ Email _____

Employee Name _____ Title _____ Phone _____

Signature (if available) _____ Date _____ Email _____

Witness Name: _____ **Signature** _____

Supervisor/Director Name: _____ **Signature** _____

Please send completed forms as well as any questions or comments to Facilities and Safety Services at safetyservices@floridapoly.edu.

How to report an Accident or Injury

Call AmeriSys at 800-455-2079 to report the workers' compensation claim. They will ask for the information below.

EMPLOYEE ID: Record the employee's seven digit employee ID number at the top of the page.

NAME: Print the employee's first name and last name, as it is on file with Florida Polytechnic University (FPU).

HOME ADDRESS: Print the employee's home address that is on file with FPU, and please include city, state and zip code.

TELEPHONE: Print the employee's telephone number that is on file with FPU, including area code.

OCCUPATION: List the employee's occupation as recorded by FPU.

DATE OF BIRTH: List the employee's date of birth.

SEX: Select the corresponding box, male or female.

SOCIAL SECURITY NUMBER: Print employee's social security number that is on file with FPU.

DATE OF ACCIDENT: Indicate the date the accident occurred.

TIME OF ACCIDENT: Indicate what time the accident occurred, and remember to check either "AM" or "PM."

EMPLOYEE'S DESCRIPTION OF ACCIDENT: Being as descriptive as possible, indicate how the accident occurred. Be sure to explain what the cause of the accident was. Include the name of the employee's direct supervisor or contact person's name and campus phone number.

INJURY/ILLNESS THAT OCCURRED: In a brief term, print a description of the injury. (Ex. Bruise, strain, cut, scrape, contusion, etc.)

PART OF BODY AFFECTED: Indicate the body part(s) affected by the injury. Be sure to specify "left" or "right" when appropriate, and be specific as to the area injured (Ex. "left wrist," "right knee", "lower right back").

DATE FIRST REPORTED: Write the date on which the injury was first reported to employee's supervisor. If you are using the current form on the website, the next sections (***) will be completed for you.

**COMPANY INFORMATION:

Employer's Location address: Florida Polytechnic University

Address: 4700 Research Way
Lakeland FL, 33805-8531

Telephone: 863-583-9050

Main Campus Location #: 0272

Florida Industrial and Phosphate Research Institute location #: 0273

**TIME IS OF THE ESSENCE
IMMEDIATELY CALL AMERISYS AT 800-455-2079**

If you need additional assistance, contact Human Resources at 863-874-8425 or email to: hr@floridapoly.edu. Please report the accident to Facilities and Safety Services at 863-874-8426.