

## Accident/Incident Report Form (For Use by ESU Employees, Students, and Visitors)

Instructions for Report Completion: East Stroudsburg University employees, students and visitors are to complete this Accident/Incident form as soon as possible, preferable within twenty-four (24) hours of the accident/incident and send to the Director of Environmental Health and Safety, East Stroudsburg University, 200 Prospect Street, East Stroudsburg, PA 18301. Phone: 570-422-3235 FAX 570-422-3677. PLEASE PRINT ALL INFORMATION.

IMPORTANT: All ESU Employees must sign the form and also obtain their supervisor's signature on this report form.

## ACCIDENT/INCIDENT INFORMATION

14. Location of Accident/Incident (Inarea, such as stairs, hallway, et	_	•
<mark>15.County of Accident</mark> 16.Were you performing regular jol	h duties at th	e time of the
accident/incident? □ Yes	□ No	□ Not Applicable
17. Did injury occur? ☐ Yes	□ No	11
18. Did property loss or damage occ	eur? □ Yes	□ No
<ol><li>Please describe details of the ac Chemicals if in Use When Accident Occurrence</li></ol>		nt <mark>(List Equipment, Materials</mark>
Chemicals II in Ose When Accident Occi	urred).	
20. If property damage occurred, ple	ease describe	as best as possible:
		_

Name and phone number of any witnesses (if applicable):						
					_	
22. If injury	occurred, ple	ase indicate l	ocation:	□ Left	□ Right	
□Hand	$\Box$ Finger	$\Box \mathrm{Arm}$	$\Box \mathrm{Elbow}$	$\square Wrist$		
$\Box$ Shoulder	$\square \mathrm{Neck}$	$\Box$ Face	$\Box$ Teeth	□Eye		
$\Box Foot$	$\Box$ Toe	$\Box \mathrm{Leg}$	$\square$ Knee	$\Box$ Ankle		
$\Box$ Head	□Ear	$\square Nose$	$\Box$ Throat	$\Box$ Lungs		
$\Box Abdomen$	$\Box$ Groin	□Lwr Back	$\square$ MidBack	□Upper Ba	$\operatorname{ck}$	
23. Describe injury (Cut, sprain, burn, exposure, etc):						
24. Did the accident involve a slip, trip or fall? $\Box$ Yes $\Box$ No						
25. Did the accident involve lifting? $\Box$ Yes $\Box$ No					□ No	
26. Is this type of work performed regularly? $\square$ Yes $\square$ No						
27. If injury occurred, did it appear immediately? $\square$ Yes $\square$ No						
28. Were Safeguards or safety equipment available? $\square$ Yes $\square$ No						
29. Were Safeguards or safety equipment used? $\square$ Yes $\square$ No						

INFORMATION REGARDING MEDICAL TREATMENT/MISSED WORK TIME

30. Were you evaluated/treated by a medical provider/physician?

		$\square$ Yes	$\square$ No
If yes, physician's name and	phone number_		
Date(s) of treatment			
31. Did you go to a hospital?  If yes, Date & Hospita	□ Yes l name		
32. Did you miss work?  If yes, work days/time  Last day worked  Return to work date			
33. If injury occurred, did it a Signature/Authorization	aggravate a previ	ous injury	?
I certify that the information set for knowledge. By signing this form as hereafter provided medical attention possess information or knowledge velaim for injury/disease of knowledge to my employer and/or the employer to investigate this health I authorize any person(s) who hereaftereatment, to disclose such information written request.	s an employee, I on, examination of which may be use (date), to do o any other agen claim. By signination	authorize a or treatment ed to rende isclose such acy contract ag this form edical atter	any person(s) who nt, or who may r a decision in my n information or ted with by my n as a non-employee, ntion, examination or
Name	_ Date		_
(Print) Signature			
ESU Employees Only:			
Employee's Department			
Supervisor Name	Campus Exte	ension	

Supervisor's Signature			
EHS Use Only			
Accident/Injury Review Performed  Date			
Injury obtained in the normal course of the employee's job duties? $\ \square$ Yes $\ \square$ No $\ \square$ Not Applicable			
Accident/Injury Reviewed by EHS personnel			
Workers' Compensation Claim			
Worker's Compensation Claim Filed on(Date)			
Claim #			
Claim filed byEHS personnel			

<u>Supervisor Instructions</u>: Please review circumstances of accident/injury with employee and include any actions if applicable that have been/will be taken to

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prevent future occurrence: