

# SUPERVISORS ACCIDENT INVESTIGATION REPORT

*This report must be completed and then returned to Human Resources.*

COMPANY: University of the Sciences in Philadelphia		ADDRESS: 600 South 43 <sup>rd</sup> Street, Philadelphia, Pa. 19104		
PERSONAL  INJURY	NAME OF INJURED:		TIME BEGAN WORK:      AM      PM	
	WHERE ACCIDENT OCCURRED (Location, Building & Room #):			
	DEPT.		OCCUPATION:	
	DATE OF ACCIDENT:		TIME:      AM      PM	
	DATE REPORTED TO SUPERVISOR:		TIME:      AM      PM	
	HOW ACCIDENT HAPPENED (Employee's Statement): WAS SECURITY NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	DISABILITY BEGAN		ESTIMATED TIME LOST	ACTUAL TIME LOST
	RETURNED TO WORK			
NAME OF WITNESS TO ACCIDENT:		PHONE # OF WITNESS:		
<b>SEE REVERSE SIDE FOR CODE TO COMPLETE THIS SECTION</b>				
ANALYSIS	A PART OF BODY INJURED		PLEASE INDICATE R OR L SIDE	
	B NATURE OF INJURY			
	C TYPE ACCIDENT			
	D SOURCE or AGENT			
	E UNSAFE ACT			
	F HAZARDOUS CONDITION			
CORRECTIVE  MEASURES	<b>HOW TO PREVENT A RECURRENCE (please explain)</b>			
	IMPROVE	WHAT? HOW?		
	REPLACE	WHAT? WITH WHAT?		
	REPAIR	WHAT?		
	TRAIN	WHOM? HOW?		
	ENFORCE	WHAT RULE?		
	<b>WHAT STEPS HAVE BEEN TAKEN TO PREVENT A RECURRENCE?</b>			
EQUIPMENT OR PROPERTY DAMAGE	PROPERTY MATERIAL OR EQUIPMENT DAMAGED:			
	ESTIMATED COST OF REPAIRS AND/OR REPLACEMENT	\$	ACTUAL COST OF REPAIRS AND/OR REPLACEMENT	
	\$		\$	
INVESTIGATED BY:	DATE:	REVIEWED BY:	DATE:	
<input type="checkbox"/> I hereby refuse medical treatment at this time.	Employee (print name):		DATE:	
	Employee (signature):			

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**A. INJURED PART OF BODY**

001 Head	009 Arm	017 Ribs
002 Face	010 Elbow	018 Groin
003 Eye	011 Wrist	019 Hip
004 Ears	012 Hand	020 Leg
005 Nose	013 Finger	021 Knee
006 Mouth	014 Back	022 Ankle
007 Neck	015 Chest	023 Foot
008 Shoulder	016 Lungs	024 Toes

**B. NATURE OF INJURY**

101 Amputation	108 Dislocation	115 Pneumoconiosis
102 Asphyxia	109 Electric Shock	116 Radiation Effects
103 Burn or Scald (Heat)	110 Fracture	117 Scratches
104 Concussion	111 Foreign Body	118 Sprains, Strains
105 Contusion, Crushing, Bruise	112 Heat Stroke	119 Multiple Injuries
106 Cut, Laceration, Puncture	113 Hernia	120 NOC (No other code)
107 Dermatitis	114 Infection	

**C. ACCIDENT TYPE**

201 Struck against stationary object	206 Fall on same level	211 Rubbed or abraded
202 Struck against moving object	207 Caught in, under or between	212 Vehicle Accident
203 Struck by falling object	208 Over-exertion or Repetitive Motion	213 Cut, laceration, puncture
204 Struck by flying object	209 Contact with electrical current	214 NOC (No other code)
205 Fall from elevation	210 Contact with noxious substances by inhalation, absorption, injection	

**D. SOURCE OR AGENT OF INJURY**

301 Air Pressure	313 Heating equipment	324 Plastic items
302 Animals, insects	314 Hoisting apparatus	325 Pressure vessels
303 Boxes, barrels, bags, containers	315 Infections and parasitic agents	326 Pumps and prime movers
304 Chemical solid, liquid, gas	316 Ladders	327 Radiation substance and equipment
305 Clothing, apparel, shoes	317 Machines	328 Soaps, detergents, cleaning compounds
306 Conveyors	318 Mechanical power transmission apparatus	329 Silica
307 Electrical apparatus	319 Metal items	330 Scrap, waste material
308 Flame, fire, smoke	320 Mineral items	331 Steam
309 Furniture, fixture	321 Noise	332 Vehicles
310 Glass	322 Paper and pulp	333 Wood items
311 Hand tools not powered	323 Plants, trees, vegetation	334 Working surface
312 Hand tools powered		335 NOC (No other code)

**F. UNSAFE ACTS**

401 Cleaning, oiling, adjusting or repairing of moving electrically energized or pressurized equipment	409 Making safety devices inoperative
402 Failure to use personal protective equipment	410 Operating or working at unsafe speed
403 Failure to wear safe personal attire	411 Taking unsafe position or posture
404 Failure to secure or warn	412 Driving errors
405 Horseplay	413 Unsafe placing, mixing or combining
406 Improper use of equipment	414 Using unsafe equipment
407 Improper use of hands or body parts	415 Operating without authority or instructions
408 Inattention to footing or surroundings	416 Violation of specific instructions
	417 NOC (No other code)

**F. HAZARDOUS CONDITIONS**

501 Defects of agencies (worn, improperly designed)	511 Use of inherently hazardous material or equipment	521 Ungrounded
502 Dress or apparel hazards (improper, inadequate)	512 Use of inherently hazardous methods or procedures	522 Uninsulated
503 Lack of necessary personal protective equipment	513 Use of inadequate or improper tools or equipment	523 Unshielded
504 Excessive noise	514 Inadequate help for heavy lifting	524 Unguarded
505 Inadequate aisle space	515 Improper assignment of personnel	525 Inadequately guarded
506 Inadequate clearance	516 Improperly piled	526 Defective premises
507 Inadequate traffic control	517 Improperly placed	527 Natural hazard
508 Inadequate ventilation	518 Lack of or inadequate shoring	528 Traffic hazards
509 Insufficient workspace	519 Unlabeled or inadequately labeled material	529 NOC (No other code)
510 Improper illumination	520 Unsafe physical condition	

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