University of Washington
Accident /Incident Report

Contact EH&S at 206-543-7388

PERSON INITIATING THIS REPORT	
Last Name:	First Name:
Phone:	Email:
Occupation/Position:	Department:
Date Reported (mm/dd/yyyy):	Time of Reporting:

PERSON INVOLVED OR AFFECTED*	
Last Name:	First Name:
Phone:	Email:
Status: ☐ UW Faculty or Staff ☐ Graduate Student ☐ Undergraduate Student ☐ Contractor ☐ Public ☐ Volunteer	

INCIDENT DETAILS	
Date of Incident (mm/dd/yyyy):	Time of Incident:
Campus:	Incident Location/Parking Lot:
Room:	Other:

Please describe what led up to the incident and what happened (please use "IP" for the involved party instead of using the injured person's name):

CLASSIFICATION *(Select a level and select an item in that section)*

○ Level 1	○ Level 2	○ Level 3
☐ Near miss (No incident occurred but it could have) ☐ Property damage only ☐ Injury or Exposure, no first aid required ☐ Injury requiring first aid ☐ Injury requiring medical treatment (Go to level 3 if in-patient hospitalization or amputation occurred) ☐ Injury involving lost work days ☐ Injury requiring restricted work or job transfer ☐ Loss of consciousness	☐ Workplace violence ☐ Fire or Explosion	☐ Death (Please call EH&S immediately at 206-543-7262, or if after daily hours UWPD at 206-685-8973 and ask for EH&S on-call) ☐ In-patient hospitalization of the injured party or amputation (Please call EH&S immediately at 206-543-7262, or if after daily hours UWPD at 206-685-8973 and ask for EH&S on-call) ☐ Accidents/Incidents occurring out of USA ☐ For EH&S/Risk Management use only

TYPE OF INCIDENT *(Select at least one item for each section; multiple items can be selected)*

Injury Description

- ☐ Allergy, Sensitivity Reaction
- ☐ Amputation
- ☐ Broken or Lost Tooth
- ☐ Bruise, Contusion
- ☐ Burn (Thermal, Chemical, Electrical)
- ☐ Chronic Irreversible Disease
- ☐ Cold Injury, Frostbite
- ☐ Concussion
- ☐ Cut, Laceration, Puncture, Scratch, Abrasion (Open Wound)
- ☐ Decompression Illness, Air Embolism
- ☐ Drowning, Suffocation
- ☐ Electric Shock
- ☐ Exposure to Potential Biohazardous (Infectious) Material
- ☐ Eye or Vision Issues
- ☐ Fainting, Loss of Consciousness, Seizure
- ☐ Fracture, Dislocation
- ☐ Gastrointestinal Upset
- ☐ Headache
- ☐ Hearing Loss
- ☐ Heart Disease
- ☐ Heat Stress, Heat-related Illness
- ☐ Mental, Emotional Distress
- ☐ Pain, Irritation, Inflammation, Swelling
- ☐ Poisoning by Substance
- ☐ Punctured Ear Drum
- ☐ Rash, Eczema, Dermatitis, Other Skin Condition
- ☐ Respiratory Symptom, Condition
- ☐ Sprain, Strain, Twist
- ☐ Tuberculosis
- ☐ None
- ☐ Property Damage Only
- ☐ Other

Body Parts Affected

- ☐ Head
- ☐ Face
- ☐ Eyes
- ☐ Ears
- ☐ Nose
- ☐ Mouth
- ☐ Neck
- ☐ Shoulders
- ☐ Arms
- ☐ Elbows
- ☐ Hands, Wrists
- ☐ Fingers
- ☐ Back
- ☐ Chest, Ribs
- ☐ Torso, Side
- ☐ Abdomen
- ☐ Groin
- ☐ Buttocks
- ☐ Hip, Pelvis
- ☐ Legs
- ☐ Knees
- ☐ Feet, Ankles, Toes
- ☐ Body Systems: Internal Organs, Nervous System, Respiratory, etc.
- ☐ None
- ☐ Other

Cause of Injury or Damage

- ☐ Animal (Other than Primates)
- ☐ Biohazardous Material, Infectious Agents
- ☐ Box Cutters, Knives, etc.
- ☐ Broken Glass, Splinter, Sharp Furniture Edge, etc.
- ☐ Chemicals
- ☐ Contact with Object: Bumped into Something
- ☐ Debris, Dust
- ☐ Drugs
- ☐ Electricity
- ☐ Ergonomic Issues, Repetitive Motions, Awkward Posture
- ☐ Fall from Height (6' or +)
- ☐ Fall of Less than 6', or on Stairs
- ☐ Fire, Explosion
- ☐ Flood, Wind, etc. (Indoors or Outdoors)
- ☐ Insect
- ☐ Involved in or Saw an Upsetting Event
- ☐ Machinery
- ☐ Motor Vehicle, Bicycle, etc.
- ☐ Needles, Medical Sharps, Scalpels, etc. (Clinical, Research, Teaching)
- ☐ Noise
- ☐ Non-Human Primate
- ☐ Overexertion, Overly Forceful Motions
- ☐ Patient Handling
- ☐ Plants, Vegetation
- ☐ Pressure Extreme (High or Low)
- ☐ Radiation
- ☐ Slip or Trip (No Fall)
- ☐ Splash
- ☐ Struck or Pinched by Moving Object
- ☐ Structures, Surfaces
- ☐ Temperature Extreme (Hot or Cold)
- ☐ Tools, Instruments
- ☐ Unintended Human Contact (Tripped, etc.)
- ☐ Ventilation, Indoor Air Quality Issues
- ☐ Violence: Patient, Staff, Visitor
- ☐ None
- ☐ Other

*EH&S has hire date, date of birth, employee's gender and hours of employment on file

POSSIBLE FACTORS *(Select at least one item; multiple items can be selected within and among the sections)*

Equipment	Environment		Policies/Procedures	Human Factors	
☐ Defective Tools, Equipment	☐ Inadequate Ventilation	☐ Inclement Weather	☐ Failure to Follow Procedures	☐ Inadequate Training	☐ Verbal Assault
☐ Defective Material	☐ Inadequate or Excessive Illumination	☐ Slippery, Uneven Surface	☐ Appropriate Procedures Non-existent	☐ Inadequate, Improper PPE	☐ Physical Assault
☐ No Guards, Barriers	☐ Air Contaminants	☐ Ergonomic Issues	☐ Inadequate Instructions, Procedures	☐ PPE Not Used	☐ Inattention
☐ Inadequate Guards, Barriers	☐ Chemicals	☐ Sharp Objects	☐ Inadequate Planning, Preparation	☐ Improper Lifting	☐ Loss of Balance
☐ Using Equipment Improperly	☐ Noise	☐ Hot Objects	☐ Inadequate Support, Assistance	☐ Failure to Follow Established Protocols, Procedures	☐ Rushing
☐ Inadequate Maintenance	☐ Fire, Explosion	☐ Frost Bite	☐ Other		☐ Phobia, Anxiety
☐ Improper Equipment	☐ Animal Action	☐ Heat Stress			☐ Horseplay
☐ Other	☐ Poor Housekeeping	☐ Other			☐ Other

SUGGESTED CORRECTIVE ACTIONS BY THE AFFECTED PARTY

☐ Provide safety training	☐ Change/review work procedures
☐ Undertake hazard assessment	☐ Provide PPE
☐ Submit request for maintenance/repair	☐ Other (Please describe below)
☐ Change work area layout/design	

Suggested corrective action by the affected party:

SUPERVISOR

Name:	Phone Number:	Email:

Possible Causes: (Please look at all the factors that may have contributed to the accident. Such factors may include equipment, policies, procedures, and personnel.)

Recommendations/Preventive Measures:

Corrective Actions Target Date (mm/dd/yyyy):	Corrective Actions Complete Date (mm/dd/yyyy):
Approve Investigation and Corrective Actions: ☐ Yes ☐ No	Corrective Actions Complete: ☐ Yes ☐ No

Comments:

EH&S ACTIONS

Date Entered into OARS:	OARS Tracking #:

Please e-mail this form to EH&S, injury@uw.edu. Keep a copy for your records.

If you completed this form as a paper document, send the original to Box 357165.