

# DUQUESNE UNIVERSITY INCIDENT/ACCIDENT INVESTIGATION REPORT

EMPLOYEE NAME (Printed): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DEPT/SUPERVISOR & EXT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MALE \_\_\_ FEMALE \_\_\_ MARRIED? \_\_\_ DATE OF BIRTH \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_ REPORTING DATE: \_\_\_\_\_

NORMAL STARTING TIME \_\_\_\_\_ STATUS:  Employee  Student  Other

ARE YOU ENROLLED IN MEDICARE? \_\_\_ NO \_\_\_ YES

## Section 1 – Completed by employee with supervisor:

### IMPORTANT NOTE TO INJURED EMPLOYEE: PLEASE BE SURE TO READ AND SIGN ALL PAGES.

1. How did injury occur? (Describe events leading to injury. Exact location, any object or substance involved and how it was involved.)

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2. Describe the nature of injury (Amputation, cut, contusion, strain, foreign body, burn, etc. and **name body part** - right index finger, left knee, etc. – and indicate on diagram in Section 2)

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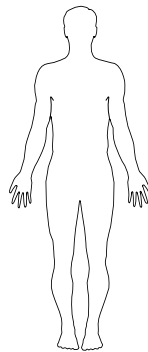
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#### Action(s):

1. Sent to doctor?  Yes  No  
**If Yes, Name:**
2. Sent to Hospital?  Yes  No  
**If Yes, Name:**
3. Went to Health Service?  Yes  No
4. Sent home?  Yes  No
5. Returned to work:  Yes  No

#### Indicate on Diagram – Location of Injury



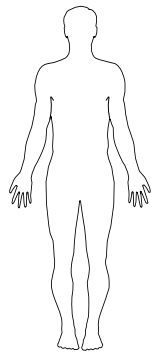
(Front)

#### Type of Injury

1. Laceration   
2. Hematoma   
3. Abrasion   
4. Burn   
5. None Apparent   
6. Other   
Specify: \_\_\_\_\_

#### ACCIDENT

1. Fatal   
2. Non Fatal



(Back)

(TURN OVER)

**Section 2 – Completed by Witness(s):**

Witness # 1: (Print Name) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Signature Date

Witness # 2: (Print Name) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Signature Date

**Section 3 -- Completed by Supervisor:**

1. What could have been done to prevent the injury?  
\_\_\_\_\_  
\_\_\_\_\_

2. Was corrective action taken / necessary?  
\_\_\_\_\_  
\_\_\_\_\_

3. Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_  
Printed Name Signature Date

Supervisor: \_\_\_\_\_  
Printed Name Signature Date

Reviewed by: \_\_\_\_\_  
Printed Name Signature Date