

UNIVERSITY OF DELAWARE
ILLNESS/INJURY LOSS INVESTIGATION REPORT

Instructions: Copy this form to your computer. You may either complete the form on your computer or print a hard copy and complete it by hand. All red-outline boxes must be answered. Email the completed form to your Safety Committee Chair or, if you have no Safety Committee, to your Department Director for review. After Safety Committee Chair/Director review, email the report to EHS (wkharris@udel.edu and verdij@udel.edu) and Labor Relations (heatherd@udel.edu, darcellg@udel.edu and gisela@udel.edu).

Date of Incident

Name of Injured Person

Department

Supervisor

IDENTIFY THE DIRECT AND CONTRIBUTING CAUSES OF THE ILLNESS/ INJURY

Was the injured person made aware of hazards and proper safety procedures associated with the task? Yes No

If "Yes", how was this communicated? When?

What mechanical, physical or environmental conditions contributed to the accident? (check all applicable)

| | | |
|-------------------------------|--------------------------|-----------------------|
| Broken Guard | Electrical Failure | Chemical Exposure |
| Broken Tool | Mechanical Failure | Needle Stick |
| Extreme Temperature | Improper Lifting/Moving | Unguarded Sharp Edge |
| Repetitive motion | Sloping Surface | Unguarded Equipment |
| Slippery Surface, wet | Change in surface height | Animal Bite |
| Slippery surface, ice or snow | Excessive noise | Lack of signage |
| Electrical short | | Other (explain below) |

Discussion:

Were there any acts by the injured and/or others that may have contributed to the accident?

| | |
|---------------------------------|-------------------------------------|
| Poor communication | Not following established procedure |
| Improper use of tools/equipment | Rushing task at hand |
| Taking unnecessary risks | Other (explain below) |

Discussion:

Were there any personal factors that contributed to the accident?

| | |
|----------------------------------|---------------------------|
| Inattention to task surroundings | Insufficient training |
| Improper attitude/approach | Existing Health Condition |
| Fatigue | Other (explain below) |

Discussion:

Was the accident the result of or made worse by failing to wear the proper personal protective equipment?

Yes No

If "Yes", discuss:

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Corrective Actions

What corrective actions have been or will be taken to prevent a re-occurrence of this incident?

Who is responsible to implement corrective actions?

Have the corrective actions been completed? Yes No Not Applicable

If "No", when will corrective actions be completed?

Reviewer Routing

| | Name | Review Date | Comments |
|---------------------------------------|------|-------------|----------|
| Supervisor/ Principal Investigator | | | |

Safety Chair

EH&S Representative
*(final copy of this report
should be placed in the
appropriate Safety
Committee folder)*