



AMHERST COLLEGE

Human Resources
Box 2204
201 Converse Hall
(413) 542-2372

<input type="checkbox"/> Recordable	<input type="checkbox"/> Illness
<input type="checkbox"/> Non-Recordable	<input type="checkbox"/> Injury
	<input type="checkbox"/> Hazardous Incident

INCIDENT REPORT

To be filled out within 24 hours of incident

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Student
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Name: _____, _____, _____
Last Name First Name M.I. Report Date

Dept: _____ Sub. Dept: _____ Job Title: _____
Date of Hire

INCIDENT DATE: ___/___/___ INCIDENT TIME: ___ A.M./P.M.

Room: _____ Building: _____ Area: _____

BODY PART INJURED: _____ INJURY TYPE: _____ ACCIDENT TYPE: _____

Injury Caused By: _____ Equipment/Manufacturer: _____ Model #: _____ Serial #: _____

Chemical/Cleaning Agent or Hazardous Material Involved: _____ Was Personal Protective Clothing/Equipment Used? _____

If so, what? _____ Property Damage: _____ Describe Damage: _____

INJURY REPORTED TO: _____ Date: ___/___/___ Time: _____ A.M./P.M.

Task being performed at the time of incident: _____
Employee - please complete the following

Ambulance Requested: Yes No First Aid Provided (excluding ambulance personnel): _____ By Whom: _____

Transported to: _____ Incident Cause: Unsafe Act Unsafe Condition Unsafe Equip No Training Poor Hskp Material Handling Other

Incident Investigated by: Human Resources Campus Police Safety Officer Supervisor Other Date of Investigation: ___/___/___

Name of Investigator(s): _____ Time of Investigation: _____ A.M./P.M.

Witnesses: _____

Does Incident Warrant Further Investigation? Yes No By Whom? Dept. Head Human Resources Safety Officer Supervisor

Mandatory Field -
Events and conditions that contributed to the incident: _____

- Supervisor - please complete the following -

Mandatory Field -
Supervisor recommendation(s) for corrective action: _____

_____ Employee's Signature	_____ Date	_____ Supervisor's Signature	_____ Date
_____ Safety Officer's Signature	_____ Date	_____ Department Head's Signature	_____ Date