

\*\*\* Return to the Director of Compliance & Enterprise Risk Management within two business days of the incident \*\*\*

### 1 INCIDENT INFORMATION:

EMPLOYEE NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DAY OF THE WEEK: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION – BUILDING

INTERIOR OR EXTERIOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

FLOOR: \_\_\_\_\_ ROOM No.: \_\_\_\_\_

DATE SUPERVISOR NOTIFIED: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE HUMAN RESOURCE SERVICES (HRS) NOTIFIED: \_\_\_\_\_ TIME: \_\_\_\_\_

### 2 SUPPORTING INCIDENT INFORMATION

Describe the incident that occurred.

Factors to include in your description:

- Why did this event occur? Try to go back at least five WHY's and include Lessons Learned.

*Example: Ashley slipped on the ice on the sidewalk next to Hartman House, fell on her left side and suffered an abrasion to her left arm and a sore left wrist.*

- *Why? She was wearing high heels with very slick soles, and was carrying multiple bags, and had no traction and fell*
- *Why? The sidewalk was icy*
- *Why? We had freezing rain overnight and facilities did not yet salt the area because it was 6AM and they were going to do high traffic areas first*
- *Lessons learned: Ashley should not use side alleys when icy conditions exist and she should wear non-slip footwear. In addition, she should report icy conditions to Facilities Management at x.1212 if she observes them.*

○ Why?

○ Why?

○ Why?

*Continued on next page*

- Why?

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- Why?

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- Where did the incident take place? Please be as specific as possible to aid safety staff in their investigation.

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- What was the individual wearing? Was appropriate personal protective equipment (PPE) available and being worn (i.e., gloves, non-slip shoes, goggles, etc.)

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- Did anyone observe the incident taking place? If so, please provide their names and titles.

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- Please describe the physical conditions around the incident. Examples: The floor was wet; lighting inadequate.

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- Had the person involved in the incident received the appropriate training for the task involved, if applicable?

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- What were the lessons learned, if any?

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### 3 FORM COMPLETION

To complete this Injury/Illness/Accident Investigation Form, please print and sign your name below with today's date.

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Name (Print)

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Signature

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Date

When finished, click here to automatically  
return form to the Department of Compliance &  
Enterprise Risk Management >