

# RADFORD UNIVERSITY

## ENVIRONMENTAL HEALTH & SAFETY

### ACCIDENT INVESTIGATION REPORT

**Directions:** Complete this form to promptly report incidents/accidents occurring on Radford University premises or incidents/accidents affecting a Radford University affiliated faculty, staff, or student, regardless of the location. Prompt reporting of incidents to EHS is essential for determining how to minimize the occurrence of future incidents.

**NOTE:** If the incident has resulted in *employee injury/illness*, the employee and/or employee's supervisor must complete an [Employers Accident Report \(EAR\)](#) within 24 hours of the incident so the employee can be eligible for workers compensation. The [EAR](#) and this Accident Report serve completely different functions and are not interchangeable. The [EAR](#) can be accessed on [Human Resources website](#).

REQUIRED INFORMATION <i>(Individual reporting the incident)</i>		
Last Name, First Name:		Email:
Address <i>(Home or Work)</i>		
Phone:	Incident Was Reported On: <i>(MM/DD/YYYY)</i>	Time Reported: <i>(HH:MM)</i> __ am __ pm
My status: __ Undergrad Student __ Grad Student __ Faculty __ Staff __ Visitor Other: _____		
I provided prompt notification of the incident to: __ Supervisor __ Department Head __ Dean/Division Head Other: _____		
INCIDENT INFORMATION		
Date of Incident: <i>(MM/DD/YYYY)</i>	Time: <i>(HH:MM)</i> __ am __ pm	Location of Incident: <i>(Building; Room #)</i>
Type of Incident: __ Injury/ Illness __ Spill/ Release __ Fire/ Explosion __ Property/ Environmental Damage or Loss __ Unsafe Condition Other: _____		
Hazard(s) Involved: <i>(Select any/all that apply.)</i> __ Biological/ Genetically Modified Material __ Chemical/ Particulate/ Nanomaterial __ Hazardous Energy (laser, x-ray, UV) __ Electrical/ High Voltage __ Radiation __ Physical Hazard (heat, cold, pressurized, spinning/rotating, sharp, mechanical, confined space) Other: _____		
Description of Incident: <i>(Visitors, please include your purpose for being at the location of the incident.)</i>		

**Names of Parties Involved and/or Witnesses to the Incident:** (PLEASE INCLUDE CONTACT INFORMATION FOR EACH PERSON.)

**Description of any Personal Protective Equipment and Engineering Controls/ Safety Equipment in Use at the Time of the Incident:**

### INJURY OR ILLNESS

**Type:**

None     Physical Injury     Occupationally-Related Illness     Potential Harmful Exposure

**Name of Parties Affected and Description of Injury/ Illness/ Exposure:**

**Treatment:** *(Select all that apply.)*

None     First Aid     Student Health Services     Emergency Medical Services     Personal Physician  
 Hospital (outpatient)     Hospital (admitted)     Panel Physician

### PROPERTY / ENVIRONMENTAL DAMAGE OR LOSS

Not Applicable

**Description of Damage or Loss:**

### Promptly send completed Accident Reports to Environmental Health and Safety:

- By campus mail to PO Box 6909
- By U.S. mail (EHS mailing address is PO Box 6909, Radford, VA 24142)
- By scanning and emailing to [ehs@radford.edu](mailto:ehs@radford.edu)