

NON-EMPLOYEE INCIDENT/ACCIDENT REPORT FORM

The Catholic University of America

SURNAME / FAMILY NAME: _____

FIRST NAME: _____

DAY AND DATE OF INCIDENT: _____
Day Date

TIME OF INCIDENT: _____ TIME SHIFT COMMENCED: _____

USUAL EMPLOYMENT LOCATION: _____

LOCATION OF INCIDENT: _____
SITE NAME OR UNIQUE REFERENCE NUMBER

EXACT LOCATION OF ACCIDENT: _____
EXAMPLE-NEAR MAIN ENTRANCE, STOREROOM, IN CAR PARK, BEHIND WORKSHOP, ETC.

WHAT WAS THE INJURY OR INCIDENT: _____
GIVE FULL DETAILS-EG: CUT ON LITTLE FINGER ON LEFT HAND, SLIP ON WET FLOOR, ETC.

HOW DID THE INCIDENT HAPPEN? WHAT WERE YOU DOING WHEN THE INCIDENT OCCURRED? (DESCRIBE IN DETAIL WHAT CAUSED THE INCIDENT. ATTACH ADDITIONAL INFORMATION IF NECESSARY)

WHAT PROTECTIVE EQUIPMENT WAS BEING USED OR WORN AT THE TIME OF THE ACCIDENT?

DESCRIBE ANY MEDICAL TREATMENT OR FOLLOW UP ACTION REQUIRED AFTER THE INCIDENT?

WAS ANYONE ELSE INVOLVED IN THE INCIDENT? IF YES, PLEASE PROVIDE DETAILS.

CONSEQUENCE OF INCIDENT

INJURY

- Fatality
- Lost Time
(Not available for normal work the day after an injury)
- Medical Treatment
- First Aid
- No Injury

PERSON AFFECTED

- Customer
- Employee
- Contractor

PROPERTY DAMAGE

- Building: \$ _____
- Tools: \$ _____
- Plant: \$ _____
- Other: \$ _____

