



ACCIDENT / INJURY INVESTIGATION REPORT



UNIVERSITY OF SOUTHERN INDIANA

Form revised 5/1/15

MUST BE COMPLETED AND RETURNED WITHIN 24 HOURS OF ACCIDENT

Employee Student Worker Student Visitor Volunteer

Date of Report Time of Report A.M. P.M.

INJURED PERSON INFORMATION

Name of Injured Male Female

Permanent Address

City State Zip

Date of Birth USI Employee ID #

Telephone: Home / Cell Telephone: Work

Department Job Title

Number of hours scheduled to work per week

WITNESS INFORMATION

Name(s) of Witness

Telephone: Home / Cell Telephone: Work

STATEMENT OF INJURED PERSON OR WITNESS

Date of Accident Time of Accident A.M. P.M.

Location of Accident Type of Injury (e.g., strain, laceration)

Cause of Injury (e.g., slip/fall, lifting) Part of Body Affected (e.g., arm, leg, back)

Description of Accident

Is Treatment being sought? If so, where?

I authorize the release of any medical information relating to this injury / illness to the University's relevant insurers for review of this claim.

Signature of Injured Person Date

SECOND PAGE MUST BE COMPLETED BY SUPERVISOR OR PROGRAM DIRECTOR

TO BE COMPLETED BY THE SUPERVISOR OF THE ACTIVITY OR PROGRAM DIRECTOR
(attach additional information if necessary)

Name of Injured Person

Time employee's work day began (if employee)

A.M. P.M.

Evaluation of how accident occurred / contributing factors

Possible Preventative Actions (actions that have been / will be taken to prevent recurrence)

Work Phone of Supervisor or Program Director

Date signed

Signature of Supervisor or Program Director

Printed Name of Supervisor or Program Director

FOR HUMAN RESOURCES USE ONLY

Lost Time Yes No

Number of Days

Anticipated Release Date

Work Restrictions

Medical Treatment

EMPLOYEE OR STUDENT WORKER:

FILL IN FORM, FORWARD TO SUPERVISOR FOR COMPLETION. SUPERVISOR FORWARD TO HUMAN RESOURCES.

STUDENT, VISITOR OR VOLUNTEER: FILL IN FORM, FORWARD TO SUPERVISOR OR PROGRAM DIRECTOR. SUPERVISOR OR PROGRAM DIRECTOR PLEASE FORWARD TO THE DEPARTMENT OF RISK MANAGEMENT.