



Penn
UNIVERSITY of PENNSYLVANIA

Environmental Health and Radiation Safety

ACCIDENT / INCIDENT

REPORT

All injuries must be reported immediately. Supervisors must complete this incident report and submit it through their Management to the FRES Director of Safety within two business days.

TYPE INFORMATION BELOW

EMPLOYEE INFORMATION:			
Date of Accident or Incident:		Time:	
Date Reported:			
Employee Name:			
PENN ID		Department:	
Job Title:		Supervisor:	
Witnesses:			
NATURE OF ACCIDENT OR INCIDENT:			
Accident or Incident result in:	Injury <input type="checkbox"/>	Illness <input type="checkbox"/>	Near Miss <input type="checkbox"/>
	No Injury or Illness <input type="checkbox"/>	Lost Time <input type="checkbox"/>	No Lost Time <input type="checkbox"/>
Location (Building & Room No):			
Nature and Location of Injury (ex. burn to left hand, fracture to left ankle):			
Did Employee (s) receive medical evaluation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Where:		When:	
Description of Accident or Incident:			
List PPE in use:			
DESCRIBE ANY DAMAGE TO EQUIPMENT:			

ANALYSIS:
Describe Hazard(s), Unsafe Condition(s) or Act(s):
PREVENTIVE ACTIONS:
Recommended Preventive Action(s):
Actions(s) & Date Taken:

Supervisor Signature:	Date:
Manager Signature:	Date:
Director Signature:	Date:

Director of Safety Signature:	Date: