



## ACCIDENT/INCIDENT FOLLOW UP INFORMATION

For severe or life threatening injuries at the Radha Krishna Temple facility, call 911 immediately. Also promptly contact the Construction Manager (CM) at 972-908-0303 to report the injury.

For minor occupational injuries, please contact the Construction Manager at 972-908-0303.

For all injuries, Contractor shall:

- Follow Radha Krishna Temple/JKYog and OSHA Safety Policies
- Report and necessary paperwork is completed as comprehensively as possible and submitted to Construction Manager within 24 hours. hindutempleallenconstruction@gmail.com

An Accident/Incident Investigation will take place..

- Make every effort not to disturb the involved area and/or activity, keeping access to the area secure until Construction Manager arrives.

### What is the purpose of Accident / Incident investigation?

Intent is prevention and correction (i.e. identify the root cause(s) to prevent from accident ever happening again. )

Definitions:

**ACCIDENT:** an undesired event that results in personal injury or property damage.

**INCIDENT:** an unplanned, undesired event that adversely affects completion of a task

**NEAR MISS:** incidents where no property was damaged and no personal injury sustained, but where, given a slight shift in time or position, damage and/or injury easily could have occurred.

### When should an investigation be conducted?

All incidents whether a near miss or an actual injury-related event should be investigated.

Near miss reporting and investigation enable identification and control of hazards before they cause a more serious incident.

Accident/incident investigations are tools for uncovering hazards that were either missed during earlier job hazard analyses/chemical handling plans/standard operating procedures or have managed to slip away from the controls planned for them.

To be useful, an investigation needs to be done with the aim of discovering every contributing factor to the accident/incident in order to “fail-safe” the condition and/or activity to prevent reoccurrence.

While all accidents should be investigated, including accidents involving property damage only, the extent of the investigation shall be reflective of the seriousness of the accident and completed as outlined in the Safety Incident Investigation and accompanying Safety Policies.



Use Incident Report Form – Rev. 12/2020

**Effects of accident investigations**

Recommended preventive actions should make it very difficult, if not impossible, for the incident to recur. The primary purpose of accident investigations is to prevent future occurrences. Beyond this immediate purpose, the information obtained through the investigation should be used to update and revise controls used to reduce hazards to students/faculty/staff. For example, the job hazard analysis/chemical hygiene plans/standard operating procedures should be revised and those affected by the changes retrained to the extent that it fully reflects the recommendations made by an accident/incident investigation report.

The investigation will strive to answer 6 key questions: Who, What, When, Where, Why and How. Fact will be distinguished from opinion but both should be presented carefully and clearly. The Accident/Incident report will include thorough information from all that were involved. This report will improve the investigation to likely reveal several contributing factors, and it probably will recommend several preventive actions.

If you have any questions regarding the information contained in this document or for help filling out the Accident/Incident Report please contact the Construction Manager.



## INCIDENT REPORT FORM

INSTRUCTIONS: Save this file to your computer, complete your section, email a copy to the next person for their part, and when all information has been entered, printed, and signed by the Principal Investigator, scan to email and send to [eohs@uakron.edu](mailto:eohs@uakron.edu) and [benefits@uakron.edu](mailto:benefits@uakron.edu)

CATEGORY       Injury       Accident       Near Miss

### I. REPORT BY PERSON INVOLVED

LOCATION OF INCIDENT:	
DATE/TIME of INCIDENT:	
DATE/TIME REPORTED:	
FULLNAME:	
STATUS (Employee/Contractor/Visitor):	
COMPANY (if any:	
TITLE (If applicable)	
MOBILE TEL:	
EMAIL ADDRESS:	
HOME ADDRESS:	
DATE OF BIRTH:	
LOSS OF WORK TIME? (Y or N)	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE/TIME RETURNED TO WORK:	
RECEIVED MEDICAL TREATMENT? (Y or N)	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, LIST PROVIDER:	
AFFILIATED/EMPLOYED WITH COMPANY SINCE (DATE)?	
POSITION/TITLE	
NAME OF SUPERVISOR:	

A. Describe how the incident occurred. (if you need more space add a separate page)



1. Explain the operation in which you were involved by answering these questions: What were you doing before the incident occurred? Was it a routine operation? What was your goal? What were you doing at the time the incident occurred? What were the conditions of your work?

Answer the above questions to make your response.

2. Describe the incident in detail. What happened? Enter sequence of events.

4. Describe any equipment, machinery, or instruments in use at the time of the incident and their potential contribution to the incident.

5. What methods of Emergency Notification were made? Please check all that apply.

911    Construction Mgr    Your Supervisor    Police Officer    Fire Dept    Fire Alarm    Other If other, please list methods \_\_\_\_\_



**PERSONAL INJURY**

**B. Did you sustain any injuries?**  Yes  No

9. What injuries did you sustain ?

10. Did you require medical care?  Yes  No

11, Describe your injuries.

11. Describe the severity of the injuries

12. How were they treated?

## PROPERTY LOSS/DAMAGE

**C. Was there any property loss or damage? Please elaborate.**

## D. Safety Rules and Procedures.

**1. Was the use of personal protective equipment (PPE) necessary during the given operation/experiment?  Yes  No**

2. Was the PPE worn?  Yes  No

3. What did it consist of?

4 Describe PPE use .

6. What type of training did you receive prior to engaging in this specific operation? Was the training adequate? What did it consist of? What method of training was used?

5. Are there any specific safety rules which apply to this procedure?  Yes  No

6. Were they followed?  Yes  No

7. Are they adequate?  Yes  No



8. Describe safety rules

8. Were there any witnesses to the incident/accident?  Yes  No

9. List the witnesses names any contact info you may have for them.

FULL NAME	TEL.	EMAIL	COMPANY:	POSITION:

10. Other Comments (Enter any additional comments and observations.

### E. Causal Factors

1. What do you perceive to be the causal factors behind this incident? This could include: inadequate management oversight; lack of appropriate safety policy; proper equipment not used, required, or supplied; etc. Describe the causal factors.

2. What are your recommendations for preventing recurrence?

Provide recommendations

### E. Signature

\_\_\_\_\_

DATE: \_\_\_\_\_



## II WITNESS INFORMATION

This section of report to be completed by each witness separately.

1. Enter your contact information below.

FULL NAME	TEL.	EMAIL	COMPANY:	POSITION:

2. Description of Incident – Where were you and what were your colleagues doing when the incident occurred?

3. What did you see?

4. Additional Comments

WITNESS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



### III. Report by Principal Investigator/Supervisor

A. How and when did you learn of the incident? How/when did you learn of the incident

B. Contributing/Mitigating Factors

What do you perceive to be the causal factors behind this incident? This could include inadequate management oversight; lack of appropriate safety policy; improper procedure; proper equipment not used, required, or supplied; etc. Enter contributing/mitigating factors

C. Immediate corrective action taken.

Enter corrective action taken



D. Additional remediation efforts to prevent future recurrence (and expected date of implementation).  
Enter any additional remediation efforts

Expected date of implementation:

E. Comments

Enter additional comments

Please print this form, sign and scan to email: [hindutempleallenconstruction@gmail.com](mailto:hindutempleallenconstruction@gmail.com)

Principal Investigator/Supervisor Signature:

\_\_\_\_\_

DATE: \_\_\_\_\_



IV. Initial Report by Construction Manager

A. Initial Interview Date/Time

B. Person(s) Involved in Incident Interviewed:

NAME	POSITION	DATE/TIME INTERVIEWED:

C. Any Lock Out? Date/Time

C. Additional Comments:

Enter any additional comments



V. Accident/Incident Investigation Results

A. Lessons Learned

B. Corrective Action Taken

SIGNATURE/CONSTRUCTION MGR:

\_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_

[Date Report Prepared]