

**FIRST REPORT OF INJURY -  Student -  Visitor**

*(This form applies to students and visitors who are not employed by the University of Delaware)*

1. Submit To: University of Delaware  
Environmental Health & Safety, 132 General Services Bldg.
2. Nature of Business: Educational Institution
3. Location of Place Where Accident Occurred: University Property Yes No
4. Date of Injury: Day of Week Hour am  pm
5. Name of Person Reporting Injury:  
Address:  
(Street) (City/Town) (State) (Zip)
6. Name of Injured:  
(First Name) (Middle Initial) (Last Name)
7. Address:  
(Street) (City/Town) (State) (Zip)
8. Check:  Male Female  Age Phone #
9. Insured by:
10. Describe fully how accident occurred:
11. Nature and Location of Injury (describe fully exact location of amputations or fractures, right or left):
12. Names and Addresses of Witnesses:
13. Name and Address of Physician:
14. Name and Address of Hospital:
15. Date of this Report: Signature of Person Recording: \_\_\_\_\_

Routing: Supervisor  
Safety Chair  
EHS  
Risk Management

Rejected: Yes  No

Rejected By: \_\_\_\_\_

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

CASE NO:	<b>UNIVERSITY OF DELAWARE ILLNESS/INJURY LOSS INVESTIGATION REPORT</b>		
DATE OF INJURY/ILLNESS/LOSS:	NAME OF INJURED:	INJURED PERSON'S DEPARTMENT:	IMMEDIATE SUPERVISOR:
<b>IDENTIFY THE DIRECT AND CONTRIBUTING CAUSES OF THE ILLNESS/INJURY</b>			
<p>1. Was the employee made aware of hazards and proper safety procedures associated with the task prior to the accident. (Explain)</p>			
<p>2. What mechanical, physical or environmental conditions contributed to the accident (broken equipment, poor lighting, noise, material defects, slippery surfaces, lack of warning signs or posted directions, etc.)</p>			
<p>3. What act(s) by the injured and/or others contributed to the accident (wrong tool or equipment, improper position or placement, work rule violation, failed to follow instructions, etc.)</p>			

4. What personal factors contributed to the accident (improper attitude, fatigue, inattention, substance abuse, etc.)

5. Was the accident the result of failing to wear personal protective equipment. (Explain)

6. What corrective action(s) has been or will be taken to prevent a recurrence of this type of accident (repair/modify/replace equipment, counseling, training, policies, procedures, etc.)

7. Who is responsible to implement correction actions?

INVESTIGATED BY:

DATE:

REVIEWED BY:

DATE:

Supervisor

Safety Committee Chair