

## University of Delaware

### Illness and Injury Investigation Report

**Instructions:** Copy this form to your computer. You may either complete the form on your computer or print a hard copy and complete it by hand. All red-outline boxes must be answered. Email the completed form to your Safety Committee Chair or, if you have no Safety Committee, to your Department Director for review. After Safety Committee Chair/Director review, email the report to EHS ([dehsafety@udel.edu](mailto:dehsafety@udel.edu)), Risk Management ([riskmanagement@udel.edu](mailto:riskmanagement@udel.edu)) and Labor Relations ([injuryreport-emplrel@udel.edu](mailto:injuryreport-emplrel@udel.edu)).

Date of Incident:

Name of Injured Person:

Department:

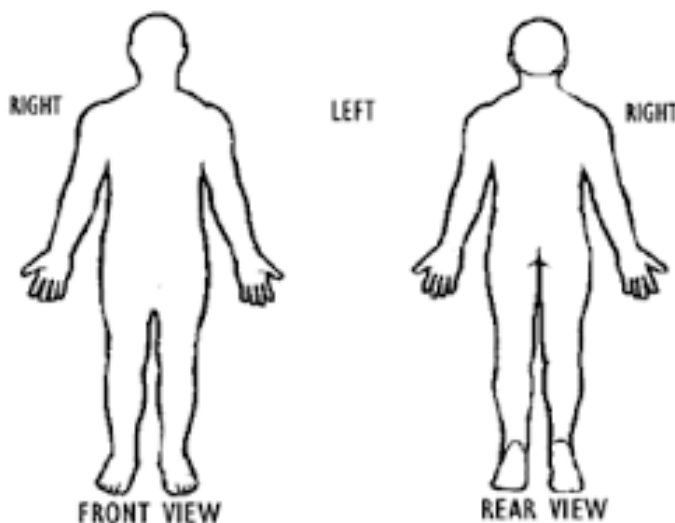
Supervisor:

Was the injured person made aware of hazards and proper safety procedures associated with the task?      **Yes**      **No**

How was this communicated?

When?

Was the accident the result of or made worse by failing to wear the proper personal protective equipment?



What mechanical, physical or environmental conditions contributed to the accident?  
(check all applicable)

Broken Guard		Electrical Failure		Chemical Exposure	
Broken Tool		Mechanical Failure		Needle Stick	
Extreme Temperature		Improper Lifting/Moving with Equipment		Unguarded Sharp Edge	
Slippery Surface, wet		Lack of signage		Animal Bite	
Slippery surface, ice or snow		Change in surface height		Electrical short	
Falling Object		Excessive noise		Other (explain below)	

**Comments/Physical Root Cause:**

Were there any behaviors or factors by the injured and/or others that may have contributed to the accident? (check all applicable)

Poor Communication		Inattention to surroundings		Entering unauthorized area	
Improper use of tools or equipment		Aggressive Behavior		Fatigue	
Taking unnecessary risks		Improper Lifting		Existing Health Condition	
Not following written procedure		Insufficient Training		Other (explain below)	
Rushing		Horseplay			

**Comments/Behavioral Root Cause:**

**Corrective Actions:**

	Corrective Action (Include work order number if applicable)	Responsible Party	Date to be completed
1			
2			
3			
4			
5			
6			

**Reviewer Routing:**

Role	Name (First, Last)	Review Date	Comments
Supervisor/ Principal Investigator:			
Safety Chair:			
EHS Representative:			

Role	Signature
Supervisor/ Principal Investigator:	
Safety Chair:	
EHS Representative:	