

Wentworth

INSTITUTE OF TECHNOLOGY

Accident Report Form

Faculty, staff and students who are involved in an incident should inform their supervisor of the incident immediately. The Wentworth Accident Report Form must be completed and submitted to Wentworth Human Resources within 24 hours. Please print legibly and provide as much information as available at the time of submission. Questions regarding completion of this form shall be directed to your supervisor or HR at 617-989-4190.

I. Personal Information: *(to be completed by injured individual)*

Name of injured individual: _____ Gender: Male Female
Home Address: _____ City _____ State _____ Zip Code _____
Home/Cell Phone Number: _____ Date of Birth: ____/____/____
Social Security#: _____ - _____ - _____ (required for injured employees) or WIT ID#: _____
Marital Status: Married Single Separated Widowed Divorced
Check One: Staff Faculty Graduate Student Undergraduate Student Other _____
If student, did the incident occur because of your course of study or employment *(please check one)*
Position Title: _____ Department: _____ Date of Hire: _____
Supervisor Name: _____ Supervisors Phone #: _____

II. Incident Information: *(to be completed by injured individual)*

Date of Incident: ____/____/____
Time of Incident: _____ AM PM
Time shift began: _____ AM PM
Location of Incident (Please be specific): _____

Source of Incident (tool, machine, substance etc...): _____

Type of Injury (burn, fracture, cut etc...): _____
Injured body part(s): _____
Explanation of how the incident occurred: _____

Witnesses to the incident? Yes No If yes, names: _____
Other injured parties? Yes No If yes, names: _____
Are relevant photos of incident/area/conditions available? Yes No If yes, please provide copies to HR.
Was Campus Police contacted? Yes No Has employee returned to work? Yes No
Was medical attention sought? Yes No If yes, Date: ____/____/____ Time: _____ AM PM
If yes, name and address of medical provider: _____

Signature of Injured Individual: _____ Date: ____/____/____
Signature of Supervisor: _____ Date: ____/____/____

III. Investigation Information: *(to be completed by injured individual's supervisor)*

Describe in detail how the injury occurred: _____

To whom was incident reported: _____ Date: ____ / ____ / ____

Was the individual performing regular work activities when injured? Yes No

If no, please explain: _____

What was injured person doing when the incident occurred? _____

How were they doing it? _____

Was injury a result of unsafe acts? Yes No If yes, describe unsafe act in detail: _____

Was injury a result of unsafe condition(s)? Yes No If yes, describe unsafe condition(s) in detail: _____

Could this incident have been prevented? Yes No

What is the planned corrective action(s)? _____

Person responsible for corrective action: _____

Expected date corrective action will be completed: ____ / ____ / ____

Use this area to make any additional comments relative to this incident: _____

Name of person completing investigation (print): _____

Signature of person completing investigation: _____

Date investigation completed: ____ / ____ / ____

Completed Accident Report Forms must be emailed to hr@wit.edu or dropped off at the Human Resources Office (Watson Hall - 003) within 24 hours of when the incident occurred. Completed Accident Report Forms for work related injuries are forwarded to Wentworth's workers compensation insurance carrier. Additionally, all Accident Report Forms are sent to Wentworth's Office of Environmental Health & Safety.