

For Human Resources Use Only

Date of Hire:

Average Weekly Wage:

# MARINE BIOLOGICAL LABORATORY

## ACCIDENT / INJURY REPORT

**Instructions:** INJURIES MUST BE REPORTED WITHIN 48 HOURS

This report must be completed for every individual involved in an accident resulting in personal injury at MBL.

**Deliver completed report to Human Resources and retain a copy for department files.**

Name:  Employee: Yes/No

Street:  Department:

City:  State:  Zip:  Title/Role:

Date of Birth:  Gender Identity:  Phone:

Date of Injury:  Time of Injury:

Date Reported:  Injury reported to:

If not reported at time of incident, reason for delay:

Location of incident:  Name of Witness:

**What was individual doing just before the incident occurred?** Describe the activity, as well as tools, equipment or material the individual was using.

**What happened?** Tell us how the injury occurred.

**What was the injury or illness?** Tell us the part of the body that was affected and how affected, be specific.

**What object or substance directly harmed the individual?**

**What steps were taken to care for the injured individual?**

### COMPLETE SECTION BELOW ONLY FOR EMPLOYEE OF MBL

Time employee began work:

Was Individual treated in an emergency room? Yes/No

Was employee hospitalized overnight as an in-patient? Yes/No

Hospital/urgent care/Physician name:

Address of off-site treatment:

Did employee report for next scheduled workday? Yes/ No  If no, date of return:

Supervisor Signature: \_\_\_\_\_ Date:

Department Head: \_\_\_\_\_ Date:

**SECTION BELOW TO BE COMPLETED BY SUPERVISOR AND SAFETY OFFICE**

**Identify the Root Causes: What Caused or Allowed the Incident to Happen?**

The Root Causes are the underlying reasons the incident occurred, and are the factors that need to be addressed to prevent future incidents. If safety procedures were not being followed, why were they not being followed? If a machine was faulty or a safety device failed, why did it fail?

**Recommended Corrective Actions to Prevent Future Incidents**

**Corrective Actions Taken/ Root Causes Addressed**

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_