

**Southeastern Louisiana University Incident/Accident Form
Worker's Compensation Claims**

(PLEASE TYPE OR PRINT)

ACCIDENT DATE AND TIME _____ REPORTING DATE AND TIME _____

EMPLOYEE NAME (LAST, FIRST) _____

EMPLOYEE'S W# _____

EMPLOYEE'S ADDRESS _____

EMPLOYEE'S HOME PHONE NUMBER _____ EMPLOYEE'S WORK PHONE NUMBER _____

EMPLOYEE'S DATE OF BIRTH _____ GENDER ____ M ____ F

RACE _____ MARITAL STATUS _____ NUMBER OF CHILDREN UNDER THE AGE OF 18 _____

JOB TITLE _____ BUDGET UNIT NAME/NUMBER _____

IMMEDIATE SUPERVISOR _____

NAME OF PERSON ACCIDENT REPORTED TO _____

DATE EMPLOYER KNEW OF INJURY _____ NORMAL STARTING TIME DAY OF ACCIDENT _____

DATE LOSS TIME BEGAN _____ IF EMPLOYEE BACK TO WORK GIVE DATE _____

EXACT LOCATION WHERE ACCIDENT OCCURRED _____

DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (USE ADDITIONAL SHEET IF NECESSARY) _____

PARISH WHERE OCCURRED _____ PARISH OF DOMICILE _____

PARTS OF BODY AFFECTED _____

WAS MEDICAL TREATMENT REQUIRED ____ Y ____ N

IF YES, LIST ATTENDING PHYSICIAN'S NAME AND ADDRESS

NAME (S) AND PHONE NUMBER(S) OF ALL WITNESSES _____

NAME AND TITLE OF PERSON COMPLETING THIS SECTION OF REPORT _____

SIGNATURE _____ DATE _____

**MANAGEMENT SECTION
(TO BE COMPLETED BY SUPERVISOR)**

NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____

POSITION/TITLE _____

IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION ____ Y ____ N

WAS EQUIPMENT INVOLVED ____ Y ____ N

A. TYPE OF EQUIPMENT _____

B. IS THERE A JSA FOR EQUIPMENT ____ Y ____ N

C. DATE LAST JSA PERFORMED _____

HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED ____ Y ____ N

DID INCIDENT INVOLVE SAME INDIVIDUAL ____ Y ____ N

SAME LOCATION ____ Y ____ N

WAS THE SCENE VISITED DURING THE INVESTIGATION ____ Y ____ N

A. DATE & TIME _____

B. ARE PICTURES AVAILABLE ____ Y ____ N

C. IF NO, REASON FOR NOT VISITING _____

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY): Failure to comply with policies/procedures Failure to use appropriate equipment/technique Inattentiveness
 Inadequate/lack of JSA/standards Incomplete or no policies/procedures Inadequate training on policies/procedures Inadequate adherence of policies/procedures

Other (specify) _____

Detailed explanation of checked box _____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): Inappropriate equip/tool Inadequate maintenance Inadequate training Wet surface
 Worn/broken/defective building components Broken equipment Inadequate guard Electrical hazard Fire Hazard

Other (specify) _____

Detailed explanation of checked box _____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

**KEEP COPIES OF ALL COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED AND MAIL THE ORIGINALS TO THE HUMAN
RESOURCES OFFICE, SLU 10799**