

# University of New Hampshire Incident Reporting and Investigation

## Policy

UNH employees, students, guests, or visitors who are injured on University property should seek appropriate medical attention and inform the designated campus official responsible and/or the campus security office of an accident, injury/illness as soon as possible.

<http://usnholpm.unh.edu/USY/V.Pers/D.3.htm>.

## Procedure

1. A written report of accident, injury, or illness should be submitted within 24 hours to appropriate department head, supervisor, or campus official specifically designated to investigate the cause and extent of an accident/illness to the Human Resources Coordinator for Workers' Compensation;
2. The department head, supervisor, or campus official will provide you with a [University of New Hampshire Report of Incident](#) form to complete ;
3. The report should be completed and filed before leaving the grounds unless the injury/illness required immediate hospitalization;
4. Written statements by any witnesses should also be included;
5. Seek first aid or medical treatment immediately at one of the following depending on the time or nature of the accident or injury;
6. The department head, supervisor, or campus official will send the original report of incident to Human Resources Workers Compensation Coordinator for the purpose of determining eligibility for Workers' Compensation.
7. The department head, supervisor, or campus official will investigate the accident or incident to determine the cause and initiate any corrective action to rectify the problem;
8. All corrective actions identified during the investigation shall be the responsibility of the department head, supervisor, or campus official;
9. A safety representative from Environmental Health and Safety shall evaluate if further investigation is necessary.

## University of New Hampshire Report of Incident

**UNIVERSITY POLICY REQUIRES THAT REPORT OF ACCIDENT, INJURY OR ILLNESS BE REPORTED WITHIN 24 HOURS OF OCCURRENCE.** This form must be completed in its entirety and faxed to (862-1222) Human Resources Workers' Compensation Coordinator, 2 Leavitt Lane, Durham, NH 03824. Omission of information could result in a delay of benefits.

**Check One:**    **Employee**                       **Student (non-employee)**                       **Visitor/Guest**                       **Other**

<b>PERSONAL DATA</b>	<b>All Injuries Complete Section A</b>			<b>Employees Must Also Complete Section B</b>		
	<b>SECTION A</b>			<b>SECTION B</b>		
	Name Of Injured Person (Print):			<input type="checkbox"/> Staff <input type="checkbox"/> Hourly(non-status)	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
	Home Address:			Department Location:		Department Work Phone:
	City/State/Zip:			Hours Worked Per Day:		Days Per Week:
	SSN:	Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Position Title:		Date of Hire::
Home Phone:		Cell Number:	Supervisor's Name:		Supervisor's Work Phone:	

<b>INCIDENT STATEMENT</b>	DATE OF INJURY:	Body Part (s) Affected:	What Side Of Body? <input type="checkbox"/> Left <input type="checkbox"/> Right	Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Explain in detail how the injury occurred. Include specific activities/tasks performed at the time. _____			
	Location where injury occurred:			
	Who witnessed this injury? Name: _____ Address: _____ Home Phone: _____ Work Phone: _____			
	Medical Treatment provided by: <input type="checkbox"/> First Aid, no medical care needed <input type="checkbox"/> Seacoast Redi-Care <input type="checkbox"/> UNH Health Services <input type="checkbox"/> Hospital ER (Place) <input type="checkbox"/> Private Physician (Name & Phone#)			

**DEPARTMENT HEAD, SUPERVISOR, OR CAMPUS OFFICIAL INVESTIGATION STATEMENT:**

After the investigation, explain in detail how the injury/illness occurred and the specific activity being performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the injury, illness or exposure?

<b>INVESTIGATION</b>	<b>INITIAL CAUSE</b>	<b>CONTRIBUTING FACTORS AND ACTIVITIES</b>	<b>PREVENTIVE ACTIONS</b>
	<input type="checkbox"/> Struck by or against object (Indicate):  <input type="checkbox"/> Caught in/under/ between <input type="checkbox"/> Fall / Slip / Trip <input type="checkbox"/> Material handling or lifting <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Body fluid exposure: Needle stick Sharps <input type="checkbox"/> Animal bite <input type="checkbox"/> Other, Explain _____ _____ _____	<b>Equipment</b> <input type="checkbox"/> Equipment failure <input type="checkbox"/> Equipment unavailable <input type="checkbox"/> Improper equipment or material used for job <b>Personal protective equipment</b> <input type="checkbox"/> Not worn <input type="checkbox"/> Not readily available <input type="checkbox"/> Not adequate for the task <input type="checkbox"/> Personal protective equipment failure <b>Training/Experience</b> <input type="checkbox"/> Lack of training <input type="checkbox"/> Safety training provided, not followed <input type="checkbox"/> New task for employee or lack of experience <b>Work Area</b> <input type="checkbox"/> Work area set up improperly <input type="checkbox"/> Inadequate lighting or noise issues <input type="checkbox"/> Housekeeping issues <input type="checkbox"/> Environmental factors (rain, wind, temp. etc)	<input type="checkbox"/> Ventilation issues <input type="checkbox"/> Ergonomic factors <b>Employee</b> <input type="checkbox"/> Physically not able to do work <input type="checkbox"/> Employee fatigue <input type="checkbox"/> Unbalanced or poor position or motion <input type="checkbox"/> Incorrect procedures used for task <input type="checkbox"/> Other unsafe practice <b>Assistance</b> <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Safety features or devices not readily available <input type="checkbox"/> Assistive devices not used <input type="checkbox"/> Lack of policy/procedure <input type="checkbox"/> Animal (explain below) <input type="checkbox"/> Other (explain) _____ _____

**use additional pages as needed**

_____ <b>Signature of Injured Person</b>  _____ <b>Date Signed</b>	_____ <b>Signature of Individual Completing Form</b>  _____ <b>Date Signed</b>
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