UCF Report of Accident / Near Miss

Instructions: This form shall be used to report ***all*** accidents or near miss events that occur at UCF. This helps us identify and correct hazards before they cause additional injuries to personnel or damage to property. This form shall be completed by employees / supervisors ***by the end of the shift in which the accident took place***. In the event of **multiple or serious injuries or death EHS must be notified immediately**.

Note: ***If more than one (1) employee is injured, you must fill out a separate Accident / Near Miss form for each employee.***

Terms: ***Accident*** is an unwanted outcome of an event that resulted in injuries to a person or persons. ***Near Miss*** is an event that could have caused an accident

SECTION I: EMPLOYEE INFORMATION		
1. I am reporting a(n): ○ accident ○ near miss.	**2. Date of accident/near miss:**	
3. Have you told your supervisor about this accident/near miss? ○Yes ○No	**4. Time of accident/near miss:**	
5. Did this injury occur while you were working? ○Yes ○No	**6. Were there three (3) or more employees injured in this event?** ○Yes ○ No ○Don't Know	
THIS QUESTION IS FOR EMPLOYEES ONLY		
7. If you had a work related accident, have you called and reported it to AmeriSys at 800-455-2079? ○ Yes ○ No		
8. I am a(n): ☐ Regular full time employee ☐ Regular part time employee ☐ Student ☐ Temporary employee ☐ Contractor ☐ Volunteer ☐ Visitor ☐ Other		
9. Employee Job Category: ☐ Housekeeping ☐ Laboratory ☐ Landscape ☐ Law Enforcement ☐ Maintenance ☐ Office ☐ Teaching Other		
10. Employee Name:	**11. Employee Job Title:**	**12. Employee Phone Number:**
13. Supervisor Name:	**14. Supervisor Job Title:**	**15. Supervisor Phone Number:**
16. Date of Employment/Hire?	**17. Age Range:** ☐ 18-24 ☐25-34 ☐35-44 ☐45-54 ☐55-64 ☐65+	**18. Did death occur?** ○Yes ○No

SECTION 2: ACCIDENT / NEAR MISS INFORMATION		
19. Were tools, equipment, vehicles, or other objects involved? ○Yes ○No ○Don't Know	**19a. If yes, what was it?**	**20. Choose all that apply as a result of the event:** ☐First Aid ☐Reporting ☐Workman Comp ☐Days Off ☐Light Duty
21. Were any motor vehicles involved? ○Yes ○No	**21a. Motor Vehicle owner:** ☐State ☐Student ☐Faculty/Staff ☐Contractor ☐Others ☐Not Applicable	**21b. Motor Vehicle 1 License Plate / Registration #**
21c. Motor Vehicle 2 License Plate / Registration #	**22. Is there Property Damage involved?** ○Yes ○No	**22a. What property was damaged?**
23. Names of witnesses (if any):		
24. Provide the specific building, room, area, and street in which the event occurred?		
25. What were you doing at the time?		
26. Describe step by step what led up to the accident/near miss.		
27. What could have been done to prevent this accident/near miss?		
28. Has the employee been trained in safety practices related to this event? ○Yes ○No ○Don't Know. If yes, when?		
29. Has the employee been trained in the use of Personal Protective Equipment related to this event? ○Yes ○No ○Don't Know ○ Not Applicable If yes, when?		

30. Was the employee wearing Personal Protective Equipment at the time of the accident? ○Yes ○No ○Don't Know ○ Not Applicable

30a. Protective Eye Wear	30b. Hard Hat	30c. Safety Shoe	30d. Goggles	30e. Gloves	30f. Hearing Protection	30g. Respiratory Protection
☐ Safety Glasses ☐ Prescribed Glasses with Side Shield ☐ Other	☐ Plastic ☐ Metal ☐ Other	☐Toe Protection ☐Electrical ☐Slip Resistant ☐Other	☐ Dust ☐ Chemical ☐ Other	☐ Nitrile ☐ PVC ☐ Cotton ☐ Leather ☐ Natural Rubber ☐ Electrical ☐ Other	☐ Ear Muff ☐ Ear Plugs ☐ Other	☐ Disposable Dust Mask ☐ Full Face ☐ Half Face ☐ Other

31. What parts of your body were injured? Mark all affected areas below.

31a. Head	31b. Upper Body	31c. Arms	31d. Foot / Leg	31e. Back	31f. Others
☐ Left Cheeks ☐ Right Cheeks ☐ Chin ☐ Left Ear ☐ Right Ear ☐ Left Eye ☐ Right Eye ☐ Mouth ☐ Teeth ☐ Nose	☐ Chest ☐ Neck ☐ Left Shoulder ☐ Right Shoulder	☐ Left Upper ☐ Right Upper ☐ Left Elbow ☐ Right Elbow ☐ Left Fingers ☐ Right Fingers ☐ Left Thumb ☐ Right Thumb ☐ Left Forearm ☐ Right Foreman ☐ Left Wrist ☐ Right Wrist	☐ Left Ankle ☐ Right Ankle ☐ Left Shin ☐ Right Shin ☐ Left Knee ☐ Right Knee ☐ Left Toes ☐ Right Toes ☐ Left Upper Legs ☐ Right Upper Legs	☐ Lower ☐ Mid ☐ Upper ☐ Buttocks ☐ Hips	☐ Abdomen ☐ Groin ☐ If body parts not listed please fill in: _____ _____ _____

32. Nature of Injury/Injuries: (If Known)

☐ Abrasion, Scrapes
☐ Amputation
☐ Injuries caused by Exposure to Biological Agents
☐ Broken Bone
☐ Bruise
☐ Burn (chemical)
☐ Burn (heat)
☐ Concussion (to the head)
☐ Crushing Injury
☐ Cut, Laceration, Puncture
☐ Damage to a body system
☐ Hernia
☐ Illness
☐ Injuries caused by Chemical Handling
☐ Injuries caused by Office Ergonomics
☐ Injuries caused by Workplace Ergonomics
☐ Insect Bite
☐ Power Tool
☐ Slips, Trips, or Fall
☐ Animal / Reptile Bite
☐ Sprain, Strain
☐ Other _____

33. Has the same body part been injured before? ○Yes ○No	33a. If yes, when?	33b. Where did the injury take place?

34. If this is a near miss, how could you or someone else have been injured?

35. <u>To Be Completed by Supervisor:</u> What corrective action(s) have you implemented since the injury or near miss to protect the employee? (or comments/suggestions)

SECTION 3: MEDICAL TREATMENT INFORMATION

36. Did you see a doctor about this injury/illness? ○Yes ○No	36a. Date	36b. Time

36c. If yes, whom did you see?	36d. Doctor's phone number:	36e. Doctor/Hospital Address:

37. ☐ Supervisor: I have read and completed this report based on my notes, employee assistance or other means.

37a. Supervisor Signature:	37b. Date:	37c. Supervisor Email:

38. ☐ Acknowledgement: I acknowledge the information is accurate and completed to the best of my knowledge.

38a. Employee Signature:	38b. Date:	38c. Email:

39. Signature of individual Completing Report (*If not Employee or Their Supervisor*):