



University of Massachusetts Dartmouth

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ACCIDENT/INCIDENT FORM

This document is for university use to report accidents or incidents that may or may not result in injuries. This does not substitute for the Industrial Accident Form required by the Commonwealth of Massachusetts. Please forward a copy of this form to the Environmental Health and Safety Officer and to the appropriate Department Head or Chairperson.

1. ACCIDENT / INCIDENT REPORT

Incident Date: _____ Time: _____ Incident location: _____

Report written by: _____

Incident description:

[Large empty rectangular box for incident description]

Witnesses names and phone numbers: _____

Describe any injuries. (Fill in Part 2 below. An individual report is required for each injured person.)

Corrective measures taken :

Corrective measures needed: _____

2. Injured Personnel (Anyone with non-emergency injuries may go to The University Health Office)

Name or person involved _____

Student _____ Employee _____ Visitor _____

Department _____ Phone _____

Address: _____

Injuries reported to: _____

Did this accident occur as a direct result of this person's employment? Yes ____ No ____

SAFETY OFFICE USE ONLY

CC: