Suffolk University Incident Report Form

Office of Environmental, Health, & Safety

Suffolk University officials require **all injuries** be reported that are sustained while on University property and/or while participating in University recognized activities. This report should be completed no matter how minor the injury may have been. A Suffolk University representative must complete all sections of this form **within 24 hours** after the injury is first reported. Once completed, a copy of this report must be sent to the Department Chairperson or Supervisor and the Office Environmental Health and Safety (OEHS) by Email to **OEHS@ Suffolk.edu** or fax # **(617)-725-7105**. Please provide thorough answers to all applicable sections.

For automobile accidents, in addition to completing this form you must also contact the Risk Manager at (617) 973-1141. For further information or if you have any questions, please contact the OEHS at (617) 570- 4849 or 573-8628.

Suffolk University Incident Report

I hereby verify that the following information is correct and accurate to the best of my knowledge.

Part 1. Suffolk Incident Identifier Information *(representative filling out this form)*:

First Name	**Last Name**	**Daytime Telephone Number**
Employee Job Title	**Employee Department**	**Employee Telephone Number**
Home Address	**City, State**	**Postal Code**
Did anyone witness the incident?	**Witness Name(s)**	**Witness Telephone Number(s)**
☐ Yes ☐ No		

Part 2. Injured Person Information:

First Name		**Last Name**
Employee Job Title *(if applicable)*	**Employee Department**	**Employee Telephone Number**
Home Address	**City, State**	**Postal Code**
Sex	**University Employee Status**	
☐ Male ☐ Female	☐ Full Time Employee ☐ Part Time Employee	☐ Student ☐ Non-Employee

Part 3. The Injury / Illness:

Date of Incident	**Time of Incident**	**Address of Incident (Bldg# & rm#)**
	☐ a.m. ☐ p.m.	
Incident Reported By (name)	**Incident Reported To (name)**	**Supervisor In Charge (if applicable)**

Where did the incident occur? *Please be as specific as possible, building & room number or in relation to a known fixed object. Example: In the stairwell #2 of the Donahue building going down to the cafeteria.*

____

____

____

____

Is this location a laboratory? Yes No

What was the individual doing just before the incident occurred? *Describe the activity, as well as the tools, equipment, or material the individual was using. Be specific. Examples: climbing a ladder while carrying a paint can; spraying chorine from a hand sprayer; daily computer key-entry.*

____

____

____

____

What happened? *Explain how the injury occurred. Examples: When ladder slipped on wet floor, worker fell 20 ft; worker was sprayed with chlorine when gasket broke during replacement; worker developed soreness in wrist over time.*

____

____

____

____

What is the injury or illness? *Identify the part of the body that was affected and how it was affected. Indicate left or right. Please be more specific than "hurt", "pain", or "sore". Examples: "twisted left ankle", "chemical burn on lower left arm"; "one inch cut on right wrist".*

____

____

____

____

Part 3B. Bloodborne Exposure Injury / Illness *(if applicable)*:

Employee Hepatitis B Vaccine Status:

Received vaccine: ☐ Yes ☐ No
Completed all three segments of vaccine: ☐ Yes ☐ No

Type of Exposure:

☐ Skin Puncture ☐ Splash to broken skin ☐ Splash to Eyes / Nose / Mouth
☐ Unvaccinated First Responder:
___Contact with bleeding person using gloves or PPE
__Contact with bleeding person without gloves or PPE
☐ Other:

Source of Blood or Body Fluid Causing Exposure:

☐ Path Waste ☐ Sharp Equipment / Tool ☐ First Aid Assistance
☐ "Sharps"
Type_________Brand__________.
☐ Other:

Was a Sample of the infectious source saved?	
☐ Yes ☐ No If Yes, where is the sample? Source Patient's name if known:	☐ Full Time Employee ☐ Student ☐ Part Time Employee ☐ Non-Employee

Severity of Injury:

☐ Minor First Aid ☐ Severe Non-Disabling ☐ Disabling
☐ Fatality______________.

Factors in Incident (Be Specific):

☐ Unsafe Act____.
☐ Unsafe Condition____.
Corrective Action Taken:

Part 4. Response / Treatment:

Who responded to the incident scene? (Please check all that apply)

☐ Suffolk University Police and/or Security ☐ Environmental, Health, & Safety Manager
☐ Health Services ☐ Resident Assistant
☐ Other (Name) _______________________________ ☐ No One

What treatment was received? (Please check all that apply)

☐ No Treatment ☐ First Aid ☐ Beyond First Aid
☐ Treatment Refused ☐ Unknown
Please describe the treatment given. (*State none if applicable*.)

____
____
____

Was the individual treated in an Emergency Room?

☐ Yes ☐ No
If Yes, Name of Hospital treated at:
☐ NEMC ☐ Mass General ☐ Health Resources
☐ Other (Name) _______________________________

Part 5. Signatures:

Injured Acknowledgement and Signature

I have been apprised that I may seek medical attention and would like to do so.

Signature: ____ Date: _____________

or

I have been apprised that I may seek medical attention but decline to do so.

Signature: ____ Date: _____________

Witness Signature

Signature of Witness: _______________________________________ Date: _____________

Please send a copy to the
Department Chairperson or Supervisor
&
Office of Environmental, Health & Safety (OEHS)
Fax # (617)-725-7105
Email: OEHS@suffolk.edu