

**Hobart and William Smith Colleges**  
**ACCIDENT\*\*\*INJURY\*\*\*NEAR MISS\*\*\*INVESTIGATION REPORT**  
**(Part 1 – To Be Completed By The Employee)**

Employee: \_\_\_\_\_ Phone # : \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Weather Conditions at time of Incident: \_\_\_\_\_

Location Where Incident Occurred: \_\_\_\_\_

Witness(es): \_\_\_\_\_ Job Title: \_\_\_\_\_

Injury Type and Body Part Affected: \_\_\_\_\_ Right/Left Side: \_\_\_\_\_

Personal Protective Equipment Worn: \_\_\_\_\_

Brief Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Cause of Incident (Root Cause): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tools/Equipment Involved in the Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Could Have Prevented the Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Return to Supervisor)**

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**(Part 2 – To Be Completed By The Supervisor)**

Did the employee receive medical treatment? Yes\_\_\_No\_\_\_ If no, explain: \_\_\_\_\_

\_\_\_\_\_

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Was personal protective equipment (PPE) worn? Yes\_\_\_No\_\_\_ Required? Yes\_\_\_No\_\_\_

Explain: \_\_\_\_\_

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Were there unsafe conditions? Yes\_\_\_No\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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Were safety procedures followed? Yes\_\_\_No\_\_\_ If no, explain: \_\_\_\_\_

\_\_\_\_\_

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Root cause: \_\_\_\_\_

Immediate Corrective Actions Taken: \_\_\_\_\_

\_\_\_\_\_

Suggested Long Term Corrective Actions: \_\_\_\_\_

\_\_\_\_\_

Disciplinary Actions Taken (if warranted): \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make sure Campus Safety has been notified of accident.**

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**(Return to Human Resources Within 8 hours of Occurrence)**

Received by Human Resources: Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_

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**(Part 3 – To Be Completed By Campus Safety/Safety Committee)**

Specific Location: \_\_\_\_\_

Specific Injury: \_\_\_\_\_

Further Discussion of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Frequency of similar incidents: \_\_\_\_\_

\_\_\_\_\_

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**Take photograph(s) of physical hazards/location.**

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Root Cause #1: \_\_\_\_\_

\_\_\_\_\_

Root Cause #2: \_\_\_\_\_

\_\_\_\_\_

Root Cause #3: \_\_\_\_\_

\_\_\_\_\_

(Consider: Lack of training/understanding, hazard not evaluated/recognized/controlled, no formal safety rules, not following safety rules, equipment failure, inappropriate/lack of safety equipment or PPE, improper use of equipment, lack of supervision, not paying attention, etc.)

\_\_\_\_\_

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**(Part 4 – To Be Completed By Human Resources/Safety Committee)**

Corrective Action #1: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Due Date: \_\_\_\_\_

Corrective Action #2: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Due Date: \_\_\_\_\_

Corrective Action #3: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Due Date: \_\_\_\_\_

(Consider: Corrective Actions should address the identified root cause(s))

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Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**(All Corrective Actions to be Tracked by the Safety Committee)**

Safety Committee Review: Date: \_\_\_\_\_

Human Resources "Initial" Review: Date: \_\_\_\_\_

Human Resources "Final" Review: Date: \_\_\_\_\_ (when corrective actions complete)

\_\_\_ Worker's Compensation

\_\_\_ OSHA Recordable (enter on OSHA 300 w/in 7 days)

\_\_\_ First Aid/Near Miss

\_\_\_\_\_