



OFFICE OF RISK MANAGEMENT  
ACCIDENT REPORTING FORM

**Section One: Complete For All Accidents**

Department	Date of Accident	Time Incident Occurred A.M. P.M.
Location (indicate By Building And Room, Or In Relation To Known Fixed Object)		
Description of Incident (Be Specific)		
Witness Name and Address		Daytime Phone
Witness Name and Address		Daytime Phone
Factors in Incident (Be Specific) <input type="checkbox"/> Unsafe Act _____ <input type="checkbox"/> Unsafe Condition _____		Corrective Action Taken _____ _____
Supervisor's Comments / Recommendations:		
Supervisor Signature		Date

**Section Two: Complete For Personal Injuries**

Name of Injured Person	Address	City	State	Zip Code
Daytime Telephone	Home Telephone ( )	Gender Male Female	Age	
Nature of Injury	Body Part Affected (Indicate Left or Right)			
Status of Injured Person <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (Specify) _____	Severity of Injury <input type="checkbox"/> Minor First-Aid <input type="checkbox"/> Severe Non-Disabling <input type="checkbox"/> Disabling <input type="checkbox"/> Fatality _____			
Cause of Injury (Be Specific) <input type="checkbox"/> Object (Machinery) _____ <input type="checkbox"/> Equipment / Tools _____ <input type="checkbox"/> Hazardous Substance _____ <input type="checkbox"/> Other: _____	Protective Equipment <input type="checkbox"/> Was Required <input type="checkbox"/> Was Available <input type="checkbox"/> Was Used <input type="checkbox"/> Was Not Sufficient to Prevent Injury			

**Section Three: Complete for GWU Employees**

Social Security Number	Average Weekly Gross \$	Employed by GWU Yrs. Mos.	Time In Present Position Yrs. Mos.
Job Title	Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Injured On The Job <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Performing When Injury Occurred	Stopped Work Immediately <input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Time Lost From Work	
Medical Treatment Provided By	Date Supervisor Learned of Injury		