

**LOUISIANA TECH UNIVERSITY
OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY
ACCIDENT / INCIDENT / INJURY REPORT AND INVESTIGATION FORM**

PLEASE TYPE OR PRINT, CIRCLE APPROPRIATE OPTIONS

1. ORM LOCATION CODE: 5000 2. ACCIDENT DATE _____ 3. REPORTING DATE _____

IF PROPERTY DAMAGE ONLY SKIP TO PROPERTY SECTION ON NEXT PAGE

IF NOT INJURY TO EMPLOYEE SKIP TO 6

4. JOB TITLE _____ 5. IMMEDIATE SUPERVISOR _____

6. INJURED NAME (LAST-FIRST) _____ 7. SOCIAL SECURITY # _____

8. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (USE ADDITIONAL SHEETS IF NECESSARY)

9. NAME OF PERSON COMPLETING REPORT _____ SIGNATURE _____

10. UNIVERSITY DEPARTMENT _____ PHONE NUMBER _____

11. PARISH WHERE OCCURRED _____ 12. WAS MEDICAL TREATMENT REQUIRED Y N

13. WAS EQUIPMENT INVOLVED Y N 14. TYPE OF EQUIPMENT _____

14. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED Y N 15. INVOLVED SAME INDIVIDUAL Y N

16. SAME LOCATION Y N 17. EXACT LOCATION WHERE EVENT OCCURRED _____

18. NAME AND PHONE NUMBER OF WITNESSES _____

19. WERE OTHER REPORTS COMPLETED (POLICE, LAB INCIDENT, ETC.?) Y N (PLEASE ATTACH)

CAUSE CODE

AA AUTO ACCIDENT AB CONTACT WITH SKIN IRRITANT AC INSECT BITE OR STING AD POISONING AE EXTREME NOISE AF ANIMAL BITE AG OVEREXERTION AH STROKE AJ HEART ATTACK AK TRAUMATIC NEUROSIS AL EXPOSURE TO OCCUPATIONAL DISEASE AM INHALATION OF CHEMICALS/OTHER IRRITANTS AN FOREIGN BODY IN EYE AR HUMAN BITE 1A STRUCK BY MOVING OBJECT OTHER THAN A VEHICLE 1B STUCK BY MOTOR VEHICLE	1C STRUCK BY PATIENT OR EMPLOYEE 2A STRAIN BY LIFTING, TWISTING, OR USING TOOL/MACH 3A SLIP AND FALL ON FOREIGN OBJECT 3B SLIP AND FALL FROM LADDERS, SCAFFOLDING, & CHAIRS 3C SLIP AND FALL FROM RAMPS, CURBING, OR STAIRS 4A STRIKING AGAINST OBJECT 5A STEPPING ON A SHARP OBJECT 6A CAUGHT IN / BETWEEN MACHINERY OR OTHER OBJECTS 7A BURN OR EXPOSURE DUE TO PHYSICAL CONTACT 7B BURN OR EXPOSURE INVOLVING WELDING 7C BURN OR EXPOSURE TO EXTREME HEAT OR COLD 7D BURN OR EXPOSURE INVOLVING CHEMICALS 7E BURN OR EXPOSURE INVOLVING ELECTRICITY 8A CUT, PUNCTURE OR SCRAPE BY A TOOL 8B CUT, PUNCTURE OR SCRAPE INVOLVING GLASS 8C CUT, PUNCTURE OR SCRAPE BY A SHARP OBJECT 9A TRIPPING
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CITY	
A	NEW ORLEANS
B	BATON ROUGE
C	LAKE CHARLES
D	SHREVEPORT
E	ALEXANDRIA
F	LAFAYETTE
G	MONROE
R	RUSTON
Z	CITY NOT LISTED
O	RURAL AREA
I	INTERNATIONAL

DAY OF WEEK	
1	SUNDAY
2	MONDAY
3	TUESDAY
4	WEDNESDAY
5	THURSDAY
6	FRIDAY
7	SATURDAY

TIME OF DAY			
A	12:01 A - 1:00 A	M	12:01 P - 1:00 P
B	1:01 A - 2:00 A	N	1:00 P - 2:00 P
C	2:01 A - 3:00 A	O	2:01 P - 3:00 P
D	3:01 A - 4:00 A	P	3:01 P - 4:00 P
E	4:01 A - 5:00 A	Q	4:01 P - 5:00 P
F	5:01 A - 6:00 A	R	5:01 P - 6:00 P
G	6:01 A - 7:00 A	S	6:01 P - 7:00 P
H	7:01 A - 8:00 A	T	7:01 P - 8:00 P
I	8:01 A - 9:00 A	U	8:01 P - 9:00 P
J	9:01 A - 10:00 A	V	9:01 P - 10:00 P
K	10:01 A - 11:00 A	W	10:01 P - 11:00 P
L	11:01 A - 12:00P	X	11:01 P - 12:00 A

NATURE OF INJURY					
AA	AMPUTATION	AK	EYE IRRITATION / DAMAGE	AV	SMASHED OR CRUSHED
AB	ANIMAL BITE	AL	FRACTURE	AW	MENTAL ANGUISH
AC	BRUISE / CONTUSION / SWELLING	AM	HEARING IMPAIRMENT	AX	MULTIPLE INJURIES
AD	BURN/ABRASION/REDNESS	AN	HEART ATTACK	AY	POISONING
AE	CONCUSSION	AP	HEATSTROKE	AZ	PUNCTURE
AF	DEATH	AQ	HERNIA	BA	PROSTHETIC REPLACEMENT
AG	DEPRESSION AND ANXIETY	AR	HERNIATED DISC	BB	SEIZURE
AH	DERMATITIS	AS	INSECT BITE / STING	BC	SPRAIN / STRAIN
AI	DISLOCATION OR SEPARATION	AT	LACERATION	BD	STRESS
AJ	ELECTRICAL SHOCK OR BURN	AU	LOSS OF VISION	BE	STROKE
				HB	HUMAN BITE

GENDER OF INJURED	
_____	FEMALE
_____	MALE

IF EMPLOYEE LENGTH OF SERVICE	
0	LESS THAN 6 MONTHS
1	7 MONTHS – 1 YEAR
2	1 – 3 YEARS
3	3 – 5 YEARS
4	5 – 10 YEARS
5	10 – 15 YEARS
6	MORE THAN 15 YEARS

IF EMPLOYEE AGE OF EMPLOYEE	
A 15-17	H 51-55
B 18-21	I 56-60
C 22-25	J 61-65
D 26-30	K OVER 65
E 31-35	
F 36-40	
G 41-50	

PART OF BODY								
AA	HEAD	AH	TEETH	BD	RIBS	BL	INTERNAL	
AG	JAW	BC	CHEST	BJ	BUTTOCK	CF	THUMB	
BB	BACK	BI	GENITAL	CE	HAND	DF	ANKLE	
BH	GOIN	CD	WRIST	DD	LEG	AE	NOSE	
CC	ELBOW	DC	KNEE	DE	SKIN	AK	THROAT	
DB	THIGH	BK	SPINE	AD	EAR	BF	LUNGS	
DH	TOE	AC	EYE	AJ	CHEEK	CA	SHOULDER	
AB	FOREHEAD	AI	FACE	BE	STOMACH	CG	FINGER	
							DG	FOOT
							AF	MOUTH
							BA	NECK
							BG	HEART
							CB	ARM
							DA	HIP

PROPERTY DAMAGE	
DESCRIBE DAMAGED PROPERTY	_____

OWNER OF PROPERTY	_____

ROOT CAUSE ANALYSIS PORTION	
UNSAFE ACT (PRIMARY):	
UNSAFE CONDITION (PRIMARY):	
CONTRIBUTORY FACTORS (IF ANY):	
WHY WAS ACT COMMITTED:	
WHY DID CONDITION EXIST:	
IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:	
LONG RANGE ACTION TO BE TAKEN:	
WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:	