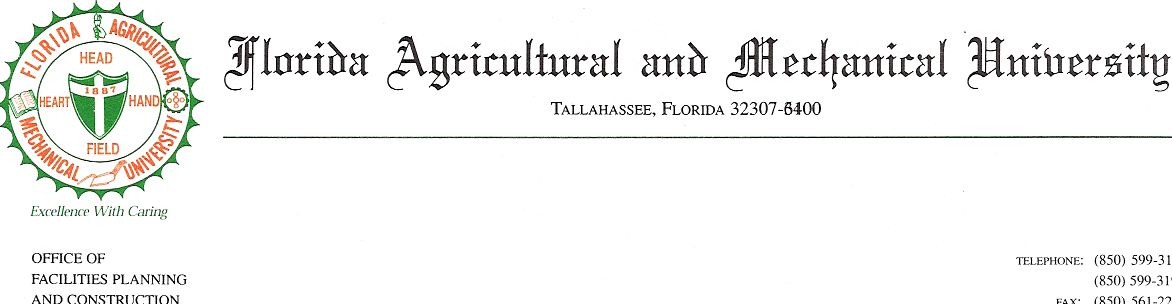
TELEPHONE: (850) 599-3453

**FAX: (850) 412-5438**

Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307–3100

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office of Risk Management**

# FAMU EMPLOYEE

# ACCIDENT INVESTIGATION REPORT

This form must be completed by the **SUPERVISOR** of the injured employee. Your investigation should be thorough so it can be determined if the accident occurred as a result of an **unsafe act**, an **unsafe condition**, or **employee negligence**.

**(Please Print)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **EMPLOYEE:** | | | | |
| 1. **Job Title**: | | | | |
| **Job Class**: | **Dept**: | | | |
| Supervisor | | | | |
| b) Date of accident | | | | |
| Time of accident: | AM | | PM | |
| c) Witnesses : 1) | | | | |
| 2) | | | | |
| 1. Employee Injury: | | | | |
| 1. Accident Location: | | | | |
| 4) **\*\*DESCRIBE HOW THE ACCIDENT OCCURRED**: | | | | |
|  | | | | |
|  | | | | |
| a) Was injury work related? | | YES | | NO |
| b) Was medical treatment available? | | YES | | NO |
| c) Was medical treatment received? | | YES | | NO |
| d) Medical treatment facility: | | | | |
| e) Was protective safety equipment available? | | YES | | NO |
| f ) Was protective safety equipment used? | | YES | | NO |

FAMU IS AN EQUAL OPPORTUNITY/EQUAL ACCESS UNIVERSITY

|  |  |  |
| --- | --- | --- |
| 6) Was the injury due to an unsafe condition? | YES | NO |
| a) If the answer is yes, explain the hazardous condition and what has been done to  remove or correct the condition. | | |
|  | | |
|  | | |
|  | | |
|  | | |
| 1. Was the injury due to an unsafe act? | YES | NO |
| 1. If the answer is yes, explain the situation and indicate if training is available   to correct this behavior. | | |
|  | | |
|  | | |
|  | | |
|  | | |
| 1. Does the injured employee have a recommendation to prevent the accident from happening again? | YES | NO |
| If yes, explain. | | |
|  | | |
|  | | |
|  | | |
|  | | |
| 1. Does the supervisor agree with the recommendation? | YES | NO |
| 1. What resources are necessary to implement the recommendation or explain   why the recommendation cannot be implemented. | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| 10) If other details or remarks are applicable, please indicate in the area provided? | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| This form should be sent to the **Risk Management at POM Bld. - Suite 125** immediately upon completion. We can be reached by fax at (**599-8024**) | | |
|  | | |
| **Supervisor’s signature & phone number**: | | |
| **Employee’s signature**: | | |
| **Date**: | | |
| **Note**:If the employee is not available for signature, indicate so on your report.  The employee shall be aware of the supervisor’s comments. | | |

\*\*ATTACH SEPARTE PAGE(S) IF ADDITIONAL SPACE IS NEEDED TO DESCRIBE HOW THE ACCIDENT OCCURRED

FAMU IS AN EQUAL OPPORTUNITY/EQUAL ACCESS UNIVERSITY