

UCF Report of Accident / Near Miss

Instructions: This form shall be used to report *all* accidents or near miss events that occur at UCF. This helps us identify and correct hazards before they cause additional injuries to personnel or damage to property. This form shall be completed by employees / supervisors **by the end of the shift in which the accident took place.** In the event of **multiple or serious injuries or death EHS must be notified immediately.**

Note: *If more than one (1) employee is injured, you must fill out a separate Accident / Near Miss form for each employee.*

Terms: **Accident** is an unwanted outcome of an event that resulted in injuries to a person or persons. **Near Miss** is an event that could have caused an accident

SECTION I: EMPLOYEE INFORMATION		
1. I am reporting a(n): <input type="radio"/> accident <input type="radio"/> near miss.	2. Date of accident/near miss:	
3. Have you told your supervisor about this accident/near miss? <input type="radio"/> Yes <input type="radio"/> No	4. Time of accident/near miss:	
5. Did this injury occur while you were working? <input type="radio"/> Yes <input type="radio"/> No	6. Were there three (3) or more employees injured in this event? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	
THIS QUESTION IS FOR EMPLOYEES ONLY		
7. If you had a work related accident, have you called and reported it to <u>AmeriSys</u> at 800-455-2079? <input type="radio"/> Yes <input type="radio"/> No		
8. I am a(n): <input type="checkbox"/> Regular full time employee <input type="checkbox"/> Regular part time employee <input type="checkbox"/> Working Student <input type="checkbox"/> Temporary employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other		
9. Employee Job Category: <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laboratory <input type="checkbox"/> LNR <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Maintenance <input type="checkbox"/> Office <input type="checkbox"/> Teaching <input type="checkbox"/> Other		
10. Employee Name:	11. Employee Job Title:	12. Employee Phone Number:
13. Supervisor Name:	14. Supervisor Job Title:	15. Supervisor Phone Number:
16. Date of Employment/Hire?	17. Age Range: <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	18. Did death occur? <input type="radio"/> Yes <input type="radio"/> No
SECTION 2: ACCIDENT / NEAR MISS INFORMATION		
19. Were tools, equipment, vehicles, or other objects involved? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	19a. If yes, what was it?	20. Choose all that apply as a result of the event: <input type="checkbox"/> First Aid <input type="checkbox"/> Reporting <input type="checkbox"/> Workman Comp <input type="checkbox"/> Days Off <input type="checkbox"/> Light Duty
21. Were any motor vehicles involved? <input type="radio"/> Yes <input type="radio"/> No	21a. Motor Vehicle owner: <input type="checkbox"/> State <input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Others <input type="checkbox"/> Not Applicable	21b. Motor Vehicle 1 License Plate / Registration #
21c. Motor Vehicle 2 License Plate / Registration #	22. Is there Property Damage involved? <input type="radio"/> Yes <input type="radio"/> No	22a. What property was damaged?
23. Names of witnesses (if any):		
24. Provide the specific building, room, area, and street in which the event occurred:		
25. What were you doing at the time?		
26. Describe step by step what led up to the accident/near miss.		

27. What could have been done to prevent this accident/near miss?

28. Has the employee been trained in safety practices related to this event? Yes No Don't Know. If yes, when? ___/___/___

29. Has the employee been trained in the use of Personal Protective Equipment related to this event? Yes No Don't Know
 Not Applicable If yes, when? ___/___/___

30. Was the employee wearing Personal Protective Equipment at the time of the accident? Yes No Don't Know Not Applicable

30a. Protective Eye Wear <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Prescribed Glasses with Side Shield <input type="checkbox"/> Other	30b. Hard Hat <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Other	30c. Safety Shoe <input type="checkbox"/> Toe Protection <input type="checkbox"/> Electrical <input type="checkbox"/> Slip Resistant <input type="checkbox"/> Other	30d. Goggles <input type="checkbox"/> Dust <input type="checkbox"/> Chemical <input type="checkbox"/> Other	30e. Gloves <input type="checkbox"/> Nitrile <input type="checkbox"/> PVC <input type="checkbox"/> Cotton <input type="checkbox"/> Leather <input type="checkbox"/> Natural Rubber <input type="checkbox"/> Electrical <input type="checkbox"/> Other	30f. Hearing Protection <input type="checkbox"/> Ear Muff <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Other	30g. Respiratory Protection <input type="checkbox"/> Disposable Dust Mask <input type="checkbox"/> Full Face <input type="checkbox"/> Half Face <input type="checkbox"/> Other
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31. If this is a near miss, how could you or someone else have been injured?

32. To Be Completed by Supervisor: What corrective action(s) have you implemented since the injury or near miss to protect the employee? (or comments/suggestions)

SECTION 3: SUPERVISOR ACKNOWLEDGES EVENT

33. **Supervisor:** I have read and completed this report based on my notes, employee assistance, or other means.

33a. Supervisor Signature:	33b. Date:	33c. Supervisor Email:
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34. **Acknowledgement:** I acknowledge the information is accurate and completed to the best of my knowledge.

34a. Employee Signature:	34b. Date:	34c. Email:
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35. Signature of individual Completing Report (If not Employee or Their Supervisor):