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THE UNIVERSITY OF TEXAS AT DALLAS SAFETY OFFICE



_	ACCIDENT	REPORT	2
Thi (Ple	is form to be completed by supervisor immediately after accident and ease use ball-point pen and press hard for easy reading.)		
Re	eport prepared by: Name	Ext Date	
PE	RSONAL INFORMATION:		
1.	Name of injured/ill:	Home Phone:	
2.	Home address:		
З.	UTD Department:	Dept. Phone:	
4.	Title/Occupation:	Staff: Student: V	isitor:
5.	Time on present job:		
6.	Date of UTD employment:		
	CCIDENT INFORMATION:		
	Date of accident:		a.m./p.
2.	Location of accident:		
3.	Action taken: (a) sent to hospital: (b) fir	st aid (c) returned to work _	
4.	Name of doctor: A		
5.	Name of hospital: A	ddress:	
6.	Nature of injury/illness:		
7.	Part of body affected: (i.e., left hand; right eye)		
	Lost time: No YesFirst day unable to work: _		
CA	USE FACTORS:		
1.	Causative agent most directly related to accident (object, substance, m	achinery, equipment, conditions):	
		·	
	Was weather a factor?:		
3.	Unsafe mechanical/physical/environmental condition at time of accide	nt (be specific - MUST BE ANSWERED):	
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · ·		
4.	Unsafe act by injured and/or others contributing to the accident (be spe	cific - MUST BE ANSWERED):	
5.	Personal factors (improper attitude, lack of knowledge or skill, slow rea	ction, fatigue, horseplay, etc.)	
· ·			
	Personal protective equipment required (eye protection, protective clo		
	Was injured person using required equipment? If not, give real		
	Date and subject of injured employee's last safety meeting:		
9. 0.01	Did the injured person receive STA (Safety Task Assignments) for the jo EVENTION INFORMATION:	/D?	
rn: 1		dont? (modification of an inment work state in the	
ι.	What can be done to prevent a recurrence of this type of accident/inci		
	procedure, correct environment, training, etc.):		
	PERVISOR'S STATEMENT: (use additional sheets if required)		
1.	Detailed narrative description (how did accident occur, why?, objects, e	-	
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٤.	Witnesses to accident:		
Sia	nature of Supervisor: D	enartment: Dat	• ••
	FETY ENGINEER'S STATEMENT: (use additional sheets if required)		.e
	Evaluation of accident and recommended corrective action:		
··· -			
-			<u>.</u> , <u></u> ,
Sig	nature of Safety Officer:	Date:	
co	MMENTS OF DIRECTOR/DEPARTMENT HEAD:		
			· · · · · ·
Sig	nature of Director/Dept. Head:	Date:	· · · · · · · · · · · · · · · · · · ·