UNIVERSITY OF HARTFORD

Human Resources Development
200 Bloomfield Avenue
West Hartford, CT 06117
Fax: 860.768.4732
www.hartford.edu/hrd

ACCIDENT/INCIDENT INVESTIGATION FORM

NAME OF EMPLOYEE INVOLVED:

ID NUMBER:

Time employee's workday began:

______________AM ________________PM

Employee's regular shift assignment:

[ ] 1st shift [ ] 2nd shift [ ] 3rd shift

PHONE NUMBER:
( )

Employee's Work Days:

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday

JOB TITLE:	DEPARTMENT WHERE EMPLOYED:	SUPERVISOR: NAME: EXT:

INJURY OR EXPOSURE INFORMATION

DATE OF ACCIDENT:	TIME OF ACCIDENT:	DATE REPORTED TO SUPV:	DATE OF INVESTIGATION:	TIME OF INVESTIGATION:
_____/_____/_____	_________AM __________PM	_______/_______/______	______/_______/______	________AM ________PM

SPECIFIC LOCATION WHERE ACCIDENT/INCIDENT TOOK PLACE:

Did Employee Seek Medical Treatment? ________YES ___________NO

If YES, Name of Medical Facility/Provider:____

Describe the events that resulted in the injury or exposure: (1.The specific location of the injury 2.Any equipment or substance involved 3.Any actions, movements, or conditions which led to the injury)

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Describe the injury (specific area and side of the body).

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What object or substance directly brought about the injury?

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____

WITNESS:	
1. NAME:	EXT:
WITNESS:	
2. NAME:	EXT:

CORRECTIVE ACTION TAKEN TO PREVENT RECURRENCE

Describe details of primary corrective action and actions to prevent the injury from happening again:

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ACCIDENT/INCIDENT INVESTIGATED BY: ______________________________ ____________________

SIGNATURE DATE

SUPERVISOR REVIEW

____ ____________________

SIGNATURE DATE

____ ______________________________

PRINT NAME JOB TITLE

FAX COPY IMMEDIATELY TO HRD at 860.768.4732

Any faculty, staff or student employee who sustains a work-related injury or illness is required to report the incident to his/her supervisor. In turn, the supervisor is accountable for reporting the circumstances surrounding the work-related injury/illness to HRD by completing this Accident/Incident Investigation Form immediately following the accident/incident. This form can be emailed, hand-carried or faxed to HRD as soon as possible. HRD will then submit a First Report of Injury and coordinate claims processing with the University's Workers' Compensation insurance carrier.

The University participates in the Connecticut Medical Managed Care Plan, with approved network providers available to treat work-related injuries/illnesses. Failure to use a network provider for a work-related injury/illness may result in denial of medical and/or lost wage benefits. The University's preferred providers for treatment of a work-related injury/illness are **CONCENTRA Medical Center** and **ST. FRANCIS Center for Occupational Health.**

> **Concentra Medical Center** is located in Windsor at 1080 Day Hill Road (860-298-8442). Concentra also has locations in East Hartford at 701 Main Street (860-289-5561), New Britain (860-827-0745), Torrington (860-482-4552), Wallingford (203-949-1534), Waterbury (203-759-1229), Springfield (413-746-4006), Norwich (860-859-5100), and Stratford (203-380-5945).
> **St. Francis Center for Occupational Health** is located in Windsor at 100 Deerfield Road (860-714-9444) and also has locations in Hartford (860-714-4270), Bristol (860-589-0114), Manchester (860-647-4796) and Newington (860-667-4418).

Supervisors (or designee) must contact CONCENTRA or ST. FRANCIS to pre-authorize their employee's visit.
If emergency medical assistance is needed, please go to the nearest hospital for treatment.