



Accident Report Form

Faculty, staff and students who are involved in an incident should inform their supervisor of the incident immediately. The WPI Accident Report Form must be completed and submitted to WPI's Division of Talent and Inclusion within 24 hours. Please print legibly and provide as much information as available at the time of submission. Questions regarding completion of this form shall be directed your supervisor or Division of Talent and Inclusion at 508-831-5470.

I. Personal Information: *(to be completed by injured individual)*

Name of injured individual: _____ Gender: Male Female

Home Address: _____ City _____ State _____ Zip Code _____

Home/Cell Phone Number: _____ Date of Birth: ____/____/____

Last 4 digits of Social Security#: _____ or WPI ID#: _____

Marital Status: Married Single Separated Widowed Divorced

Check One: Staff Faculty Graduate Student Undergraduate Student Other _____

If student, did the incident occur as a result of your course of study or employment *(please check one)*

Position Title: _____ Department: _____ Date of Hire: _____

Supervisor Name: _____ Supervisors Phone #: _____

II. Incident Information: *(to be completed by injured individual)*

Date of Incident: ____/____/____

Time of Incident: _____ AM PM

Time shift began: _____ AM PM

Location of Incident (Please be specific): _____

Source of Incident (tool, machine, substance etc...): _____

Type of Injury (burn, fracture, cut etc...): _____

Injured body part(s): _____

Explanation of how the incident occurred: _____

Witnesses to the incident? Yes No If yes, names: _____

Other injured parties? Yes No If yes, names: _____

Are relevant photos of incident/area/conditions available? Yes No If yes, please provide copies to HR.

Was Campus Police contacted? Yes No

Was medical attention sought? Yes No If yes, Date: ____/____/____ Time: _____ AM PM

If yes, name and address of medical provider: _____

Signature of Injured Individual: _____ Date: ____/____/____

Signature of Supervisor: _____ Date: ____/____/____

III. Investigation Information: *(to be completed by injured individual's supervisor)*

Describe in detail how the injury occurred: _____

To whom was incident reported: _____ Date: ____/____/____

Was the individual performing regular work activities when injured? Yes No

If no, please explain: _____

What was injured person doing when the incident occurred? _____

How were they doing it? _____

Was injury a result of unsafe acts? Yes No If yes, describe unsafe act in detail: _____

Was injury a result of unsafe condition(s)? Yes No If yes, describe unsafe condition(s) in detail: _____

Could this incident have been prevented? Yes No

What is the planned corrective action(s)? _____

Person responsible for corrective action: _____

Expected date corrective action will be completed: ____/____/____

Use this area to make any additional comments relative to this incident: _____

Name of person completing investigation (print): _____

Signature of person completing investigation: _____

Date investigation completed: ____/____/____

Completed Accident Report Forms must be sent to benefits@wpi.edu or dropped off at the Division of Talent and Inclusion Office (Boynton Hall) within 24 hours of when the incident occurred. Completed Accident Report Forms for work related injuries are forwarded to WPI's workers compensation insurance carrier. Additionally all Accident Report Forms are sent to WPI's Office of Environmental Health & Safety.