



**NRAO Department of Environmental Safety & Security
Accident/Incident Report Form**

<input type="checkbox"/> Charlottesville, VA <input type="checkbox"/> Green Bank, WV <input type="checkbox"/> VLA (NM) <input type="checkbox"/> Socorro AOC (NM) <input type="checkbox"/> VLBA Site _____ <input type="checkbox"/> Other _____	<p>ACCIDENT/INCIDENT REPORT</p> <p>Date Received by ES&S: _____</p> <p>Name / ID # of Affected Person _____</p> <p>Job Title of Person Affected _____</p> <p>Nature of injury / Body Part _____</p> <p><i>A separate form is required for each individual</i></p>	<p>Site Case Number (ES&S Use Only)</p> <hr/> <p>Date & Time of Incident</p> <hr/> <p>Incident Category (See Below)</p> <hr/>
<p>Type of Injury/Incident</p> <input type="checkbox"/> Medical Treatment (<input type="checkbox"/> EMS <input type="checkbox"/> Physician <input type="checkbox"/> ER) <input type="checkbox"/> First Aid <input type="checkbox"/> Fatality <input type="checkbox"/> None <input type="checkbox"/> Ergonomic Concern (Complete paragraph 2 below) <input type="checkbox"/> Security Issue/report	<p>Employment Status:</p> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Non-Employee	<p>Supervisor's Name:</p> <hr/> <p>Department/Division:</p>
<p>Specific Location of Incident</p>		<p>Property Damage or Loss: <input type="checkbox"/>Yes <input type="checkbox"/>No What was Damaged or lost?</p>
<p>1. Describe how incident occurred (provide details, names of witnesses or involved employees, photos, etc.)</p>		
<p>2. Describe injury, damage or concerns (include supervisor comments)</p>		
<p>Person Completing Form Name:</p> <p>Date:</p>	<p>Signature of Supervisor (REQUIRED) Name:</p> <p>Date:</p>	
<p>INSTRUCTIONS FOR COMPLETION OF THIS REPORT:</p> <ol style="list-style-type: none"> Completion of the first page of this report is REQUIRED for any incident in Categories shown below. It is the Supervisor's responsibility to ensure that the first page is fully completed and turned in within 24 hours of the incident. Workers Compensation forms are separate from this report. Promptly complete this report and send original to the SITE SAFETY REPRESENTATIVE with a copy to the appropriate DIVISION HEAD. Retain one copy for your records. 		
<p>INCIDENT CATEGORY</p>		
<ol style="list-style-type: none"> Personal Injury – any injury or illness involving an NRAO employee, visitor, or member of the public due to an incident associated with the operation of NRAO. Near Miss or Unusual Occurrence – any incident which had the potential for or may have caused injury or illness involving persons at or near the scene of the incident. Property Loss – any incident, not in one of the above categories, which involves property loss and deemed worthy of documentation by the Site Safety Representative. Unsafe Act or Condition – any hazard created or existing that has the potential for injury or illness to persons at or near the hazard. Ergonomic concern Report only-informational purpose Security issue 		



SUPPLEMENTAL INFORMATION - ES&S USE ONLY

DO NOT DISTRIBUTE

Site Case Number: _____

INCIDENT INVESTIGATION INFORMATION

INVESTIGATION COMPLETE: Yes No

CORRECTIVE ACTION NEEDED: Yes No

What?

Safety Officer Signature _____

RETURN TO WORK INFORMATION

Obtain medical care: **Yes** **No** Date/Time of Clinic Visit: _____

Name of clinic or physician: _____

Lost Work Days: **Yes** **No** Number of days away from work _____ / Date returned to work _____

Restricted Work Days: **Yes** **No** Number of restricted work days _____ / End date of work restrictions _____

OSHA Recordable: **Yes** **No**

Workers Compensation Claim Submitted? **Yes** **No** Claim Number _____

Workers Compensation Claim Questionable? **Yes** **No** If yes, why? _____

Drug and Alcohol Test Requested? **Yes** **No**

All doctor information for return to work/restriction notices turned into ES&S Admin office? **Yes** **No**

SAFETY MANAGEMENT OFFICE USE ONLY:

Case Closed? **YES** **NO**

Return the Completed Form to: ES&S Site Safety Officer
Copy to: NRAO ES&S Admin Support