



UNIVERSITY OF
NORTHERN COLORADO

Environmental Health and Safety

Accident Reporting and Investigation Procedure

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UNIVERSITY OF
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Environmental Health and Safety

Accident Reporting and Investigation Procedure

I. Purpose

The Environmental Health and Safety (EHS) department at University of Northern Colorado (UNC) is committed to providing a safe environment for all employees, students, visitors and guests. This procedure establishes the process for the reporting and reviewing of accidents at the University of Northern Colorado (UNC). Incidents and near misses will also follow this accident reporting and investigation procedure. The purpose of this procedure is to limit the amount of accidents on campus by minimizing unsafe or hazardous conditions, as well as discouraging unsafe acts or practices that cause accidents.

II. Definitions

Accident: an unplanned event that results in or could have resulted in personal injury, illness or property damage.

Incident: an unplanned event that negatively affects the completion of a task and may have resulted in or could have resulted in personal injury, illness or property damage.

Injury: any wound or damage to the body resulting from an event in the workplace. Injuries include but are not limited to a cut, abrasion, fracture, burn or sprain.

Illness: any disease or period of sickness to the body resulting from work exposure. Illnesses include but are not limited to skin diseases or disorders, respiratory disorder, poisoning, or hearing loss.

Investigation: the act of investigating an incident that results in or could have resulted in an accident.

Employee: any person employed or otherwise required to work for the university.

Hazard: a condition or set of conditions that has the potential to cause harm.

Near Miss: an unplanned event that did not result in injury, illness or property damage, but had the potential to cause harm given a slight shift in time or position.

Non-employee: any person that is not employed by the university. Non-employees include but are not limited to: students, visitors, or members of the public.

III. Employee Incident

In case of an accident, immediately provide first aid to the injured employee until necessary medical attention can be administered. Call UNC Police if medical assistance is needed, at 911 or (970) 351-2245.

Secure the area with rope or tape where the incident occurred. Turn off and lock out any related machinery to prevent a repeat incident. Avoid disturbing the immediate vicinity or incident-related areas (including electrical boxes, tools, materials, wet surfaces, etc.). The scene should be left as it was found.

A. Employee Injury or Illness Report

An Employee Injury or Illness Report form (Appendix A) must be completed within four working days of a work-related injury or illness. The report form will:

1. Assist employees in obtaining an appointment for medical treatment.
2. Inform supervisor/lead person of incident.
3. Be recorded for follow-up and future prevention activities.

Employee Responsibilities

1. Immediately notify supervisor/lead person of work-related injury or illness.
2. Seek medical treatment if necessary (see "Medical Treatment" Section III.B).

Supervisor Responsibilities

1. Perform aid as needed.
2. Release employee from work when emergency treatment is necessary. Non-emergency injuries will be referred to Human Resources for the correct process. Injuries requiring emergency treatment shall go directly to the closest hospital and once the employee is capable they must contact Human Resources.
3. Secure area and report incident.
4. The Supervisor or Human Resources may assist the employee filling out the Employee Injury or Illness Report form as needed.
5. Accidents resulting in death, serious injury (e.g., fracture, amputation) or in-patient hospitalization are to be immediately reported to Environmental Health and Safety at (970) 351-1149 or (970) 351-2446 and Human Resources at (970) 351-2718.
6. List and identify potential witnesses. A potential witness is anyone involved that might have heard or seen anything related to the incident.

To report these incidents during the evening or weekends contact UNC Police at 911 or (970) 351-2245.

Submit the Employee Injury or Illness Report form to:

Original Copy
Human Resources
Campus Box 54
Greeley, CO 80639
O: (970) 351-2718
F: (970) 351-1386

Second Copy
Environmental Health and Safety
Campus Box 57
Greeley, CO 80639
O: (970) 351-1149
F: (970) 351- 1170

B. Medical Treatment

An injury report form must be completed and taken to Human Resources in order to have an appointment scheduled. Human Resources will assist with scheduling the appointment after the appropriate paperwork is completed.

Greeley Medical Clinic / CHAMPS
(970) 350-2471
1900 16th Street 4th Floor
Greeley, Colorado 80631
Hours: Monday – Friday 9:00 AM to 5:00 PM

Workwell Occupational Medicine
(970) 356-9800
2528 W. 16th Street
Greeley, Colorado 80634
Hours: Monday – Friday 8:00 AM to 5:00 PM

Greeley Medical Clinic / Urgent Care
(970) 350-2471
1900 16th Street, 1st Floor
Greeley, Colorado 80631
Hours: Monday – Friday 8:00 AM to 8:00 PM
Saturday 9:00 AM – 5:00 PM
Sunday 9:00 AM – 1:00 PM

If the above facilities are closed or unavailable to accept patients or the **injury or illness is an emergency**, seek treatment immediately at:

North Colorado Medical Center (NCMC) – Emergency Room
(970) 352-4121 – 24 hours
1801 16th Street
Greeley, Colorado 80631

If an employee is located outside the Greeley campus vicinity they should go to the nearest emergency treatment facility.

C. Transportation of Injured Employees

The following information is to provide guidance as to appropriate, allowable transportation when an employee is injured on the job and needs medical treatment.

Urgent Medical Emergency – Life Threatening

- If an employee is injured or otherwise incapacitated and in need of emergency treatment - **Contact 911** to request medical assistance. Emergency medical personnel will respond and determine appropriate transport.
- May include but is not limited to these types of situations: heart attacks/strokes; fractured leg, back or head injury; employee is unconscious or concussed; inability to breath; major burn; or uncontrollable bleeding.
- Contact Human Resources immediately after 911 is reached to communicate the situation. If possible, interview the employee to determine how s/he was injured. Secure area to ensure no other employees can become injured. Complete the First Report of Injury Report as soon as possible and fax to Human Resources at (970) 351-1386. If information cannot be obtained from the employee at that time, Human Resources will provide guidance as to when and how to obtain documentation.
- Once the employee is released from emergency medical treatment or the hospital, the employee must contact Human Resources to complete 1st Report of Injury if not already completed, and to schedule an appointment with a UNC Designated Worker's Compensation Physician (DWCP).

Urgent Medical Necessary – Non-life threatening

- If an employee is injured and in need of treatment - but injury is **not** life critical, is a situation where an employee can be transported other than by ambulance, or is a minor injury but the employee cannot transport him/herself - a supervisor or supervisor's designee may take the employee to the hospital or to a DWCP as injury dictates. If a State vehicle is readily available, s/he may utilize that vehicle. If State vehicle is not readily available, the driver may transport the injured employee via his/her personal vehicle.
- May include but is not limited to these types of situations: broken arm or finger; laceration; major strain or sprain; minor burn; or employee does not have transportation for initial treatment at time of injury.

- Contact Human Resources to inform of injury. Employee should be treated by a DWCP unless injury is severe enough to warrant emergency treatment, i.e. broken bone, severe pain, wound requiring stitches, etc., or employee requires treatment but DWCP is not open. If DWCP is not open, take employee to emergency room.

NOTE: It is expected that any employee who transports another employee must follow all traffic laws and drive in a prudent manner to insure the safety of him/herself and the other employee. Employees are responsible for any traffic violations.

Non-emergency Injuries

- If an employee is injured– but treatment is **not** life threatening or urgent - the employee should come to Human Resources in Carter Hall, Room 2002 to complete the first report of injury. Human Resources will assist the employee as needed in scheduling an initial appointment with DWCP.
- Human Resources hours are Monday through Friday, 8 AM-5 PM when the University is open. If Human Resources is closed, the department should complete the Employee Injury or Illness Report form (Appendix A) and fax to Human Resources at (970) 351-1386. If treatment is needed and cannot wait, employee can seek treatment at the emergency room if injury requires immediate treatment. Otherwise, employee should contact Human Resources during the next business day to schedule an appointment for evaluation, if needed.
- May include but is not limited to these situations: follow up visits; minor strains; minor cuts; or reports of injury not requiring medical treatment.

NOTE: All injuries - even those that do not require medical treatment must be reported within 4 days of injury or a claim may be denied or only partially paid leaving the employee financially responsible for uncovered medical expenses. Contact Human Resources at (970) 351-2718 if you have any questions regarding this process.

IV. Non-employee Incident

Non-employee injuries and incidents may occur on campus and can involve students and visitors. These types of incidents may include, but not limited to, a student injured in a classroom, a campus visitor who falls down or a student or visitor injured at an event.

When a department on campus assists with a non-employee incident, faculty or staff shall have the student or visitor fill out a Non-Employee Injury / Incident Report form (Appendix B).

When a Non-Employee Incident Report form is completed, the department shall keep a copy for their records (for three years) and the original form shall be sent to the Environmental Health and Safety Department.

Submit the Non–Employee Injury or Illness Report form to:

Original Copy

Environmental Health and Safety
501 20th Street, Campus Box 57
Greeley, CO 80639
F: (970) 351-1170

V. Incident Investigation

Environmental Health and Safety and/or UNC Police Department may conduct an incident investigation when one or more of the following occurs:

1. An employee involved in an occupational accident is unable to work the next full shift (lost time) or subsequent shifts due to a resulting injury or illness, or
2. The employee or non-employee receives medical treatment (e.g., stitches, prescribe medication, splints), or
3. A near miss or non-injury accident could have resulted in death, serious injury, illness, or significant property damage.

The investigation report may be sent to the department heads, human resources, risk management or other departments.

An Incident / Hazard Report (Appendix C) may be filled out during the investigation. Additional information (photographs, witness statements, etc.) may be added to the investigation report.



Employee Injury or Illness Report Form

Employee Name				Bear #	
Home Address		City		State	Zip Code
Date of Birth	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Home Phone		Work Phone
Department		Job Title		Campus Box	Hire Date
Supervisor Name		Supervisor Phone #		Supervisor Email	

ACCIDENT INFORMATION

Injury or Illness Date		Injury or Illness Time AM <input type="checkbox"/> PM <input type="checkbox"/>		Was the accident or illness on UNC's property YES <input type="checkbox"/> NO <input type="checkbox"/>	
Location of Injury or Illness (Room # and Building)		Date reported to Supervisor		Time reported to Supervisor AM <input type="checkbox"/> PM <input type="checkbox"/>	
Time began work on date of injury AM <input type="checkbox"/> PM <input type="checkbox"/>		Did employee return to work after being injured? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Date returned to work / /			
Name the object or substance which directly injured the employee					
What were you doing when injured? (Be Specific)					
Nature of Injury (Identify how the injury or illness occurred and the part(s) of the body affected)					
List all known witnesses (include Name and Phone Number)					

Employee Signature			Date		
EH&S and HR Use Only					
Date Received Report	Lost Time or Restrictions YES <input type="checkbox"/> NO <input type="checkbox"/>	WC Claim Number	RMI YES <input type="checkbox"/> NO <input type="checkbox"/>	TRT YES <input type="checkbox"/> NO <input type="checkbox"/>	
Medical Provider (Hospital or Doctor)			Phone Number		
City	State	Zip Code	Date of 1 st appointment		

Copies sent to: Human Resources (original) EH&S Supervisor Employee



Non-Employee Injury / Incident Report

Use this form to report incidents involving Students or Visitors involved in an Injury or Incident on campus.

To report a UNC employee injury/incident, report to Human Resources and fill out an Injury/Illness report form.

STUDENT/VISITOR INFORMATION

Section I

Name		Bear # (if available)	
Home Address	City	State	Zip Code
Which applies to you: Student <input type="checkbox"/> Visitor <input type="checkbox"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone	Cell Phone

INJURY / INCIDENT INFORMATION

Section II

Injury or Incident Date	Injury or Incident Time AM <input type="checkbox"/> PM <input type="checkbox"/>	Was the incident on UNC's property? YES <input type="checkbox"/> NO <input type="checkbox"/>
Location of Incident (Room #, Building, Parking Lot)	Was incident reported to a UNC Faculty or Staff member? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please provide name of UNC personnel:	
Was UNC Police Department Notified? YES <input type="checkbox"/> NO <input type="checkbox"/>	What were you doing when incident occurred? <input type="checkbox"/> Attending Class <input type="checkbox"/> Attending Event <input type="checkbox"/> Other _____	
Immediate Action Taken (Check all that apply) <input type="checkbox"/> First Aid Provided <input type="checkbox"/> Went to Doctor <input type="checkbox"/> Went to Hospital <input type="checkbox"/> Went to Student Health Center <input type="checkbox"/> Other _____		
Did the individual go to the hospital, student health center, etc., because UNC personnel advised them to go? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If Yes, who was the UNC personnel _____		
Nature of Injury (Identify how the injury or incident occurred, include the part(s) of the body affected. Add additional page if necessary).		
Name the object or substance which caused the injury or incident to occur.		
List all known witnesses (include Name and Phone Number)		
Student/Visitor Signature		Date
Name of Reporting Party (Print Name)	Phone Number	UNC Affiliated YES <input type="checkbox"/> NO <input type="checkbox"/>

Send original form to Environmental Health & Safety – Campus Box 57

Section III

Environmental Health & Safety Use Only

Date EHS Received Report	UNC Police Report Number (if available)	EHS Comments
Departments Notified of Incident <input type="checkbox"/> UNC Police Department <input type="checkbox"/> Dean of Students <input type="checkbox"/> Human Resources <input type="checkbox"/> Facilities Management <input type="checkbox"/> Risk Management <input type="checkbox"/> Other _____		



501 20th St.
Greeley, CO 80639; (970) 351-1149; fax (970) 351-1170

Environmental Health & Safety Incident/Hazard Report

Reported/Observed by:		Location of Incident (Building, room):	
Supervisor of Area:		Department of Incident:	Phone:
Date of Incident:	Time of Incident:	Has Evacuation Occurred (circle one):	
	AM PM	YES NO	
Number of Injuries:		Number of Fatalities:	
Person(s) injured:			
Property Damage:			
Type of Incident/Hazard:			

Source or Cause of Incident:

Danger or Threat Posed By Incident:

Action Taken:	
	Is Protective Equipment Required: YES NO If Yes: What Protective Equipment:

Environmental Concerns (permit, regulatory):

EHS Department Recommendations for Prevention and/or Corrective Actions:

Witnesses to Incident:
Other UNC Departments Assisting:
Outside Agencies Responded/Requested:

Investigator Name (please print):	Position:
Investigator Signature	Date

Corrective Action/Review

Work Order Number:	Schedule Date:	Completion Date:
Comments:		

Operating Procedure:

Action Taken:

Comments:	
EHS Director Signature:	Date:

Comments:	
FM AVP Signature (if required):	Date: