

TENNESSEE TECHNOLOGICAL UNIVERSITY  
ENVIRONMENTAL HEALTH AND SAFETY  
NOTIFICATION OF ACCIDENT OR OCCUPATIONAL ILLNESS

Name \_\_\_\_\_ Banner ID - T \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Classification - Check one:

Full-time Employee ( ) - Part-time Employee ( ) - Temporary Employee ( ) - Student Worker ( )

Student ( ) - Campus Visitor ( ) - Other \_\_\_\_\_

If Employee, Department \_\_\_\_\_ Occupation \_\_\_\_\_

If Student, Indicate Classification FR ( ) - SO ( ) - JR ( ) - SR ( ) - GRAD ( )

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ Time Reported \_\_\_\_\_

To whom was accident/illness first reported? \_\_\_\_\_

Exact location of accident \_\_\_\_\_

Weather conditions at time of accident \_\_\_\_\_

Object or substance which directly caused the injury or illness \_\_\_\_\_

Description of what happened and the nature of injury or illness (Name Body Parts Affected). Use back or attach additional sheet if necessary.

Was injury or illness caused by or related to an existing condition? No \_\_\_\_\_. Yes \_\_\_\_\_ If yes, What? \_\_\_\_\_

In your opinion, was there a violation of approved safety practices and/or standards? Yes \_\_\_\_\_. No \_\_\_\_\_. If yes, what? \_\_\_\_\_

How was the ill/injured person instructed to prevent accident from re-occurring? \_\_\_\_\_

If employee, was the ill or injured person unable to work on the day of or days after the accident? No \_\_\_\_\_. Yes \_\_\_\_\_. If yes, last day worked \_\_\_\_\_

Other Remarks: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

This report must be completed by the person's immediate supervisor or person in charge after every accident, including those requiring first aid treatment only. This report is to be sent to the Human Resource Services Office no later than the first regularly scheduled work day following the incident.