



Incident Investigation Reporting Policy

Purpose

Saint Joseph's University recognizes that safety, health and environmental incidents can be prevented if the causes are identified and actions taken to prevent recurrence. This policy establishes the requirement that an investigation and root cause analysis be conducted and documented for all incidents resulting in actual or potential injury to employees, significant property damage or harm to the environment.

Requirement

An Investigation Form (see attachment A) must be submitted for each of the following incidents reported by the Office of Public Safety at Saint Joseph's University:

- * All incidents which result in an injury to Saint Joseph's employees
- * All incidents which have the potential to result in an OSHA recordable injury for an SJU employee. An OSHA recordable injury is one that results in lost time from the workplace.
- * All incidents which have the potential for significant property damage or environmental impact
- * All "near misses" which could have resulted in any of the above

Responsibilities:

Accident Investigation Reports are to be completed within 48 hours of the incident. Supervisors who sign the form must complete all sections.

Training

Supervisors must have completed an Accident Investigation training course.

Follow-up

The Accident Investigation Form will be distributed to all Workplace Safety Committee Members for discussion at the Workplace Safety Committee monthly meeting. Incidents will be reviewed to insure that Accident Investigations are conducted and forms submitted for each incident category listed in the Requirement section above.

Accident Investigation Forms which are missing will be recorded in the minutes and the Supervisor notified for corrective action. Accident Investigation forms considered incomplete will be returned to the Supervisor for correction and resubmittal.

Distribution:

Upon completion, Supervisors must forward copies of the accident investigation form to:


The Public Safety Office, Assistant Director's office
The Department of Health, Safety and Environmental Compliance,
Director's office
The Workplace Safety Committee- Chairman
Human Resources—Workmen Compensation representative

The original Accident Investigation form will be filed with the The Department of Health, Safety and Environmental Compliance, Director's office

Effective September 1, 2007

Revised July, 2009

Appendix A

<h2 style="margin: 0;">Supervisor's Accident Investigation Loss Source Identification</h2>			
• WHEN	Date of Accident	Time	Report to supervisor or first aid delayed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?
• WHO	Injured Person's Name		Occupation
	Department	Length of Employment	Age
• INJURY/LOSS	Nature/Extent of injuries or property damage		
• WHERE	Exact location where accident occurred		
• WHAT/HOW	Type of accident (use code from reverse)		<input type="checkbox"/> Injury (1 - 10) <input type="checkbox"/> Property Damage (1 - 5)
	Was employee doing something other than required duties at time of accident?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, what and why?		
• WHY	Description of accident (detail what employee was doing; how he/she was doing it; and any physical objects (including weights, tools, machines, structures or equipment involved).		
	Check accident causes on reverse and comment fully here.		
• PREVENTION	What should be done and by whom to prevent recurrence of this type of accident? (Include target dates.)		
	What action are you taking to see that this is done? (Include target dates.)		
• SUPERVISOR'S SIGNATURE			Date _____

