

MIT PLASMA SCIENCE AND FUSION CENTER
ACCIDENT REPORT FORM

Part I- DUE WITHIN 24 HOURS

It is the responsibility of the supervisor that any work-related accident resulting in an injury to any part of the body in any way **MUST** be reported by the injured person **and** their supervisor. This is Part I of two forms. Part I is due within 24 hours of the accident; Part II is initiated when the PSFC Safety Officer assigns a PSFC Safety Committee member or other safety inspector to investigate the accident. It is due within 48 hours of the time it is assigned. Please complete the following information as accurately as possible and return Part I to:

Catherine Fiore, NW21-203 *within 24 hours of the accident.*

INJURED PERSON

SUPERVISOR

Name _____

Name _____

Bldg/Rm _____ Ext. _____

Bldg/Rm _____ Ext. _____

Normal Shift:
(e.g. 7:00-3:30, 8:00-4:00) _____

PSFC Division: _____

Reg. sched. days off: _____

Location at time of accident: _____

Classification: o-Undergrad o-Grad Student o-Academic Staff
 o-SRS Staff o-Service Staff o-Faculty
 o-Support Staff o-Visitor

WITNESSES TO ACCIDENT

Name _____

Name _____

Bldg/Rm _____ Ext _____

Bldg/Rm _____ Ext _____

ACCIDENT DETAILS

ACCIDENT LOCATION: Purpose/Kind of Room/area: _____
 Bldg/Rm/Area _____ Extension _____

ACCIDENT DATE/TIME: Day & Date: _____ Time: _____ a.m.? p.m.?

ACCIDENT DESCRIPTION (A fully detailed report is required for injuries resulting in one day or more of lost work time. It must include a diagram of the work area, sketch of equipment used, etc .)

Part(s) of body injured or type of illness: _____

Facility, System or Equipment involved: _____

How did the accident occur ? (What was the activity, what was the injured doing just prior to the accident, what happened at the point of the accident, etc.) _____

Action taken on behalf of injured after accident and prior to proceeding to the MIT Medical Dept., Ambulance, Doctor and/or Hospital: _____

Assessment of root cause of accident: _____

What safety protection equipment is required for the activity involved in the accident? _____

Was the injured using the appropriate safety protection equipment? Yes No
If not, why not? _____

Is this a recurrence of a prior work-related injury? Yes No When did it occur: _____

MEDICAL ATTENTION

Did the injured seek/obtain medical attention? Yes No If not, why not? _____

I understand that medical attention is available to me and I am choosing not to seek it at this time. (If this is the case, initial here):

(Injured person's initials)

Approximate time departed from accident site to seek medical attention: _____

Mode of transportation to Medical _____

Action required for the injured according to the medical facility: _____

LOST WORK DAYS AND/OR HOURS From: _____ To: _____
(ESTIMATED IF NECESSARY): + (date/time) (date/time)

MEDICAL ATTENTION

Supervisor's signature **date** **Injured Person's signature** **date**

(This section completed by PSFC Office of ES&H):

Head, PSFC ES&H approval **date** **Is further evaluation required: YES NO**

PSFC Safety Inspector assigned & copied: _____
Name **Date**

ACTUAL LOST WORK DAYS/HOURS From: _____ To: _____
(WITH "RETURN TO WORK" SLIP)

- *****
- xc: -MIT Safety Office (handcarry) -Group Leader (if diff. from Spvr.of injured)
 - Supervisor of injured -Division Head (if diff. from Spvr. of injured)
 - Injured -Supervisor of work area (if diff. from Spvr. of injured)
 - PSFC Payroll -Chair, PSFC Safety Committee
 - If estimated or final lost work days/hours is greater than one day, then xc: PSFC Director.

- Original to "PSFC Accident Log Book" and Accident Database to include monthly Posting on Bulletin Boards.

+ NOTE: Lost time starts from the point at which the employee is medically disabled by the medical facility.

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PART II - DUE WITHIN 48 HOURS OF TIME INVESTIGATION IS INITIATED BY
PSFC SAFETY OFFICER

It is the responsibility of the supervisor that any work-related accident resulting in any injury to any part of the body in any way MUST be reported by the injured person and their supervisor. This is Part II of a two-part form. Part I is due within 24 hours of the accident; Part II is initiated when the PSFC Safety Officer assigns a PSFC Safety Committee member or other safety inspector to investigate the accident. The inspector should complete the following information as accurately as possible and return Part II to:

Catherine Fiore, Room NW21-203 *within 48 hours.*

INJURED PERSON**SUPERVISOR**

Name _____

Name _____

Bldg/Rm _____ Ext. _____

Bldg/Rm _____ Ext. _____

ACCIDENT PREVENTION REPORT
(TO BE COMPLETED BY PSFC SAFETY INSPECTOR)
Please use additional sheets as necessary

PSFC SAFETY INSPECTOR:

Name _____

Date of this report: _____

Bldg/Rm _____ Ext. _____

Are there written safety procedures for the activity where accident occurred? ___Yes ___No

Were the written procedures being followed? ___Yes ___No

Root cause of the accident: _____

How could this accident have been avoided? _____

Follow-up action taken to prevent this accident in the future: _____

SIGNATURES_____
Head, PSFC ES&H

date

PSFC Safety Inspector

date

Supervisor's signature

date

Injured Person's signature

date

•xc: -MIT Safety Office (handcarry)
-Supervisor of injured
-Injured

-Group Leader (if diff. from Spvr. of injured)
-Division Head (if diff. from Spvr. of injured)
-Supervisor of work area (if diff. from Spvr. of injured)

-Chair,

PSFC Safety Committee -If est. or final lost work days/hours is > than 1 day, xc: PSFC Director.

• Original to "PSFC Accident Log Book" and Accident Database to include monthly posting on bulletin boards.