

NOAO ACCIDENT/INCIDENT REPORT FORM

It is the supervisor's responsibility to ensure that this report is completed and distributed to the appropriate personnel within 3 days following the accident/incident.

Please indicate the site of the accident/incident:

Please indicate accident or incident:

Name of Injured:

Date of accident/incident:

Time:

Person who completed this Form:

Email:

Date this form was completed:

Location of Accident/Incident:

Was first aid/emergency medical attention given? If Yes, by Whom?

Was EMT/First Responder report made?

Nature of Injury and part of body?

Name and Address of Physician?

Name and Address of Hospital/Medical Center?

Job Title and Full/Part Time:

Task and Activity at time of accident/incident?

Supervision at time of accident/incident:

Has supervisor been notified?

Property Damage? If yes, what type?

Additional Information: (Witnesses, accident caused by a contractor,etc):

Describe how the Accident/Incident occurred:

Corrective measures/actions that have been or will be taken to prevent recurrence

Date corrective measures completed:

Please direct comments and questions to the Kitt Peak Safety Manager – Tammie Lavoie, tlavoie@noao.edu