



B O T H E L L

# EMPLOYEE ACCIDENT / INCIDENT / QUALITY IMPROVEMENT REPORT

UNIVERSITY OF  
WASHINGTON

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to see instructions

Date of Incident	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Exact Location of Incident (Bldg./Floor)
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## AFFECTED PARTY

Name (Please Print)	Date Reported	Email Address	
Department	Job Title	Phone	

What were you doing just before the incident?

What happened?

Describe the nature of your injury.

SUGGESTIONS (For future avoidance)

## REPORTED BY (If not Affected Party)

Name (Please Print)	Date Reported	
Department	Job Title	Phone

## SUPERVISOR RESOLUTION (Investigation required for employee accident)

Causes of Accident/Source of Injury or Illness

Resolution (Attach relevant documentation)

Name of Supervisor (Please Print)	Department	Phone
Signature	Date	

## ADMINISTRATIVE SERVICES

Comments

Reviewed by	Signature	Date
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# INSTRUCTIONS

**Purpose:** The primary purpose of this form is to report accidents and incidents occurring in and around the University of Washington, Bothell. Reporting will initiate the investigation/review process needed to improve workplace safety and health. Supervisors must investigate each of their employee's accidents/incidents in sufficient detail to assure all causes are uncovered. They are also required to state specifically on the accident/incident report the remedial measures that will be taken to prevent a recurrence of similar accidents. Supervisors may request the assistance of UWB Physical Plant Services or Public Safety.

- Instructions:**
1. Prepare the Report by entering all the information available to you when the incident occurs.
  2. After filling out the Report, take it to your supervisor.
  3. Supervisor completes form; forward signed original to UWB Administrative Services.
  4. Copy is retained by department (supervisor).
  5. Copy provided to affected party (originator).



## NOTICE

**If your injury requires medical treatment, in addition to completing this form, your doctor will complete the Labor and Industries (L&I) "Report of Industrial Injury or Occupational Disease." Your doctor should mail this form to the University Risk Management Office.**

**Remember:** To file a Worker's Compensation Claim two (2) forms are required.

