

WORKPLACE ACCIDENT INVESTIGATION PLAN

Prepared By



**Environmental Health and Safety
And Human Resources**

**92 Campus Center Drive
South Portland, ME 04206**

April 2021

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FORMS

Form 1: Employee's Report of Injury

Form 2: Employee's Report of Injury, Brunswick

Form 3: Supervisor's Report of Injury

Form 4: Near-Miss or Minor Accident Report

Form 5: Major Accident Report

Form 6: Accident Witness Statement

Form 7: Student or Visitor Incident/Accident/Injury Report

REVISIONS

Original Plan	August 13, 2006
Revision 1	December 15, 2010
Revision 2	August 22, 2016
Revision 3	June 6, 2017/cw
Revision 4	October 1, 2018/jo
Revision 5	October 16, 2019/jo
Revision 6	September 15, 2020/jo
Revision 7	April 20, 2021/jo

SMCC employees are encouraged to comment on the Plan and make suggestions for changes.

Report suggestions and ideas for changes to:

Human Resources
207.741.5568

or

Environmental Health and Safety
207.741.5932

or

The chair of the Health and Safety Committee
(refer to the Campus Handbook)

1.0 POLICY

Southern Maine Community College (SMCC) strives to provide a safe work place and has prepared a Workplace Accident Investigation Plan. The plan works in conjunction with the *Employee Injury/Illness Management Policy Procedure* and the *Student & Visitor Accident Reporting Procedure* to identify, report, and mitigate unsafe conditions on campus.

It is SMCC policy to investigate any college employee injured on the job, to address conditions or actions that caused an accident, and to take immediate corrective action. All accidents must be reported to HR as soon as possible for an investigation to be assigned and conducted.

SMCC's goal is not to assign blame for an accident but rather to uncover root causes that may prevent future injuries.

The policy does not apply to accidents or injury caused by weather, violent acts, medical emergencies, automobile accidents, or fire. Campus Safety and Security is responsible for investigation of these types of accidents.

2.0 SCOPE

Investigations will be initiated for any occupational accident or near miss that involves an SMCC employee, student or visitor.

The reports generated under this plan are necessary to meet OSHA injury and illness reporting requirements under federal regulations (29 CFR 1904). Additionally, accident reports are used to manage the college's workers' compensation program through the Maine Municipal Association.

3.0 FORMS

SMCC uses various forms in connection with accident investigation. These include:

- Form 1- Employee's Report of Injury
- Form 2- Employee's Report of Injury, Midcoast
- Form 3- Supervisor's Report of Injury
- Form 4- Near-Miss or Minor Accident Report
- Form 5- Major Accident Report
- Form 6- Accident Witness Statement
- Form 7- Student or Visitor Injury Report

Forms 1, 2 and 3 are available in the Accident Reporting Procedures of the College Handbook. The College Handbook can be found on the campus website by logging into "mySMCC" and clicking on the "Staff" tab. HR and EH&S provide the other four forms.

4.0 DEFINITIONS

4.1 EMPLOYEE

An SMCC employee includes faculty, adjunct faculty, staff, contract employee or work-study student.

4.2 NEAR MISS INCIDENTS

A *near miss* is an incident in which no property was damaged and no personal injury sustained, but given a slight shift in time or position, damage and/or injury could easily have occurred. Examples include a gas leak or fire atop a stove. Such incidents need to be reported immediately to HR so that an investigation can be conducted while evidence is undisturbed and witnesses are present at the scene.

4.3 UNSAFE CONDITION

An *unsafe condition* is any observed condition that has the potential to result in an incident.

4.4 ACCIDENT

An *accident* is an unplanned event, or sequence of events, that causes personal injury, illness or property damage.

4.5 MINOR ACCIDENTS

A *minor accident* is an event that results in injury that can be treated with first aid; medical treatment beyond first aid is not necessary and no time is lost from work.

4.6 MAJOR ACCIDENTS

A *major accident* is one that results in property damage and/or injury requiring medical treatment beyond first aid and/or lost time from work.

5.0 PROGRAM ADMINISTRATION

5.1 OVERSIGHT AND INVESTIGATION

The Table below provides the staff and contact information for those who run the program and investigate accidents.

PROGRAM CONTACT INFORMATION		
Function	Name/Department	Contact Information
Program Administrator	Jennifer Otenti EH&S	Work phone: 741-5932
Assistant Program Administrator	Diane Abramson Human Resources	Work phone: 741-5568
Principal Accident Investigator	Jennifer Otenti EH&S	Work phone: 741-5932
Accident Investigator	OPEN Facilities and Project Management	Work phone: 741-5888
Accident Investigator	Jay Manhardt Director of Public Safety	Work phone: 741-5598
Accident Investigator	Clayton Ross Facilities Operations Manager	Work phone: 741-5632
Accident Investigator	OPEN Facilities Supervisor Trades	Work phone: 741-5742
Accident Investigator	Tim Slane Facilities Supervisor- Custodial	Work phone: 741-5936
Accident Investigator	Andrew Napoli Grounds and Equipment Supervisor- Midcoast	Work phone: 844-2107
Security	Initial investigation for damage, securing site, preserving evidence	Work phone: 741-5553

5.2 RESPONSIBILITIES

Program Administrator

- Develops and revise, when necessary, the *Accident Investigation Plan*
- Provides relevant training to ensure that accident investigators and other personnel involved in accident investigations properly carry out investigations
- Incorporates corrective actions into SMCC's health and safety programs
- Monitors corrective actions implemented as a result of accident investigations
- Makes recommendations when needed concerning the effectiveness of corrective actions.

Principal Accident Investigator

- Directs and/or conducts investigations of all accidents and injuries sustained by covered staff and faculty
- Investigates all major accidents
- Develops and implements corrective actions to eliminate the causes of injuries to help prevent a similar accident from occurring in the future

Accident Investigators

- Conducts investigations of incidents, minor accidents, and near misses.

- Implements corrective actions as directed by the principal accident investigator or program administrator.

Security

- Investigates initial calls for property damage, unsafe conditions, and accidents
- Notifies EH&S of injuries and sustained unsafe conditions
- Secures any unsafe areas to prevent further injuries or accidents
- Preserves evidence and record witnesses
- Notifies appropriate departments of actions required to correct unsafe conditions

Supervisors

- Ensure injured or affected staff and faculty receive immediate medical attention: for additional information, including approved providers, can be found on the Employee Injury/Illness Management Policy/Procedure found on “mySMCC” in the College Handbook
- Notify HR and Campus Security immediately of the accident, injury, or near-miss, including any damage to equipment or other property
- Advise the employee of his or her accident reporting requirements and provide the employee with the “Employee’s Report of Injury” (Form 1 or 2)
- Review the employee’s completed form
- Complete the “Supervisor’s Report of Injury” (Form 3)
- Send the completed forms to HR within 24 hours
- Works with HR to develop a plan for returning the employee to work

Human Resources Manager

- Provides the authorization for medical treatment of injured employees
- Works with supervisors to develop a plan for employees return to work
- Maintains the OSHA 300 log
- Serve as the primary reporting contact

Employees

- Report work-related injuries and illnesses to their supervisors and complete the “Employee’s Report of Injury” (Form 1 or 2)

5.3 PROGRAM REVIEW AND UPDATE

This Plan will be reviewed and updated every three years or when federal or state rules, regulations, or policies change.

6.0 ACCIDENT INVESTIGATION AND REPORTING PROCEDURES

6.1 REPORTING PROCEDURES

6.1.1 Unsafe Conditions

Unsafe conditions can be reported to HR, EH&S or campus security. If necessary, EH&S will submit a work order to correct the unsafe conditions.

6.1.2 Near Miss Incidents

Employee or supervisor must report a near miss incident within 24 hours to EH&S using the “Near-Miss” or “Minor Accident Report” (Form 4).

Form 4 should only be filled out for accidents that qualify as near misses, all *unsafe conditions* should be reported to EH&S for follow-up.

6.1.3 Injury to Employees

If an SMCC employee sustains a work-related injury, they must immediately notify their supervisor.

For minor and major accidents the “Employee’s Report of Injury” (either Forms 1 or 2 depending on location) and “Supervisor’s Report of Injury” (Form 3) must be filled out and submitted to HR within 24 hours. If the date and time of the injury or illness cannot be determined, such as an injury caused by cumulative or repeated stress, then the employee should enter the date on the form of the last day they worked.

HR will notify the accident investigator who is assigned to complete the accident investigation and report.

All major accidents will be investigated by the Principal Accident Investigator, after a supervisor initiates the action by submitting the “Employee’s Report of Injury” and “Supervisor’s Report of Injury”. Any witness statements should be documented on Form 5 and submitted. Major accidents are recorded on OSHA Form 300.

HR must notify the Maine Bureau of Labor Standards (BLS) within 8 hours after learning of the incident if there is a fatality or if three or more employees are sent to the hospital. All major accidents that result in a serious injury must be reported to BLS within 24 hours. A serious injury includes:

- Amputation
- Loss or fracture of any body part
- Immediate hospitalization
- Overnight hospitalization

6.1.4 Injury to Students and Visitors

Accidents involving SMCC students and visitors must be reported to the Student Services Office or Campus Security. An SMCC employee that receives initial notification of injury or is a witness to the injury must complete the “Student or Visitor Incident/Accident/Injury Report” (Form 7) and submit this form within 24 hours or as soon as possible.

If a student is injured in the learning environment, the instructor will provide details regarding how the incident occurred, if the student received guidance on safe use/operation of any chemicals or equipment involved in the incident and make recommendations for procedural changes that may prevent similar future injuries. This information should be noted on the Accident Form.

6.1.5 Property Damage

If any SMCC employees observe or cause damage to property or equipment, they must immediately report such damage to their supervisor and to Campus Security so that Security may conduct an investigation. If an injury is related, EH&S must be notified immediately.

6.2 ACCIDENT INVESTIGATION PROCEDURES

The principal accident investigator and/or other accident investigator(s), as assigned by EH&S, will follow the procedures outlined below to conduct accident investigations. The level of investigation and the tasks required will be decided based upon the severity of the accident and related injuries. For near-miss and minor accidents in particular, the level of scrutiny and follow-up will be greatly reduced.

The basic information required for any accident investigation is to establish:

- What was not normal before the accident
- What caused accident
- How it occurred
- How it can be prevented in the future

6.2.1 Assigning Investigators

EH&S will assign one or more investigators as necessary. Their duties include:

- Inspecting the accident site
- Interviewing witnesses and injured person(s)
- Compiling and reviewing data
- Developing recommendations for corrective action(s)
- Writing the investigation report, if one is needed

6.2.2 Presenting a Preliminary Briefing To The Investigation Team

This step is required only for major accidents where more than one investigator is required. The briefing should include:

- A description of the accident, with damage estimates
- Normal operating procedures
- Maps (local and general)
- The location of the accident site
- List of witnesses
- Events that preceded the accident

6.2.3 Investigating the Accident Site

The accident location should be investigated in all cases. Some or all of the following tasks may be required:

- Securing the site to protect evidence and prevent further injuries (to be done by Campus Security)
- Inspecting the area, including walking and working surfaces, equipment, entrances and exits, air quality systems, and all other conditions, processes, or items that could possibly have contributed to the accident or injury
- Recording the details of the accident site, including lighting conditions, other environmental factors, and any unsafe conditions, tools, equipment, or operations
- Documenting the location of victims, witnesses, machinery, energy sources, and hazardous materials
- Preparing sketches and taking photographs, preferably with a digital camera

6.2.4 Interviewing Each Injured Person and Witnesses

The accident investigator must interview the injured as well as witnesses. Include those who were present before the accident and those who arrived at the site shortly after the accident.

The investigator should keep accurate records of each interview. In addition to written records, investigators can use recording devices such as hand-held tape recorders, cameras, and iPhone or similar devices.

6.2.5 Analyzing the Data

Once the data collected is complete, determine the accident's causes;

- Why the accident occurred
- A likely sequence of events and probable causes (direct and indirect)
- Recommendations for corrective action, if needed
- Follow-up activities if required

Data analysis may require the investigator to return to the scene of the accident and ask additional questions of the injured or witnesses.

6.2.6 Completing the Report

The completed report will include:

- Near-Miss or Minor Accident Report (Form 4), or
- Major Accident Report (Form 5)

Witness statements (Form 6) may be included as needed.

Using the correct form, the accident investigator describes the accident, its causes, and suggested changes to operations and procedures to prevent a recurrence. It should include a recommended time table for corrective action and describe any associated expenses. The “Employee’s Report of Injury” (Form 1 or 2) and the “Supervisor’s Report of Injury” (Form 3) will be attached.

All accident reports will be reviewed by EH&S and HR before being made final.

EH&S will provide copies of all investigation reports to the Planning and Safety Committee.

6.2.7 Accident Investigation Board

For major occupational accidents, the President of the College at his discretion may assemble an Accident Investigation Board to be chaired by the Dean of Students and Facilities. The Board will include the Director of Public Safety, the EH&S Coordinator, the HR Director, the Department head/supervisor, the shop steward of the bargaining unit representing the employee, and the Chair of the Planning and Safety Committee.

The Board will prepare a full report within one week of a finding, outlining the causes and corrective actions to be taken. A timetable of corrective action must be provided, and appropriate interim protective measures must be taken.

7.0 CORRECTIVE ACTIONS

For near-misses, incidents, and minor accidents, the EH&S coordinator and the Director of Public Safety must approve the recommendations for corrective action outlined in the accident investigation reports.

For major accidents or those requiring \$1,000 or more in corrective action, the Planning and Safety Committee will review corrective action measures.

8.0 TRAINING

8.1 AWARENESS

All SMCC employees should be aware of accident investigation procedures and the roles of employees and supervisors. This can be accomplished by:

- Including awareness training in new employee orientation
- Providing Employee Illness/Accident Procedures on “mySMCC” outlining what employees and supervisors must do in case of an accident
- Providing period updates to staff in the EH&S newsletter

8.2 ACCIDENT INVESTIGATORS

The Program Administrator will ensure that investigators and others engaged in accident investigations are trained in the techniques of workplace accident investigation and that they have access to relevant tools for investigation.

The training program will include the following topics:

- Initiating the accident investigation
- Inspection and documentation of the accident scene
- Interviews
- Accident analysis
- Root cause determination
- Development of recommendations for corrective action
- Writing the accident investigation report

9.0 RECORDKEEPING

HR will maintain comprehensive accident/ injury records and will maintain records of all accident investigation reports and data for a minimum of 10 years. Reportable cases are stored by employee name in a unique file. All unreportable cases are stored with the annual OSHA 300 log information. All records are maintained in accordance with OSHA recordkeeping.

TO PERMIT PROMPT ATTENTION TO THIS MATTER, PLEASE COMPLETE THIS FORM AND RETURN IT WITHIN 24 HOURS TO:

**HUMAN RESOURCES OFFICE
SMCC – FORT BUILDING
PH: (207) 741-5568 FAX (207) 741-5582**

EMPLOYEE'S REPORT OF INJURY

Soc. Sec. No: _____ - _____ - _____

Full name of injured employee _____

Address _____

Phone # (____) ____ - _____

Date of Birth ____/____/____

Occupation when injured _____

Date of hire _____

Name of Supervisor _____

Were you doing your regular work? **Yes / No** If not, what type of work? _____

Do you work for another employer? **Yes / No**

If yes, give name and address: _____

Exact place where injury occurred _____

Date of injury ____/____/____ Time ____:____ am/pm

Your regular start time ____:____ am/pm

To whom was the injury reported? _____ Date ____/____/____

Witnesses' Names _____

Describe fully how injury happened _____

Describe your injury in detail _____

Have you ever had this type of injury before? If so, please explain. _____

Was safety equipment provided: **Yes / No** Used: **Yes / No** Explain: _____

Did you lose time from work? **Yes / No** If so, when did disability begin? ____/____/____

If you have returned to work, what was the date? ____/____/____

Are you declining medical treatment at this time? _____

IF MEDICAL ATTENTION IS NECESSARY AND THE INJURY/ILLNESS IS NOT LIFE THREATENING, EMPLOYEES ARE REQUIRED TO USE SMCC'S PROVIDER, BAYSIDE EMPLOYEE HEALTH CENTER OR US HEALTHWORKS (MIDCOAST) FOR THE FIRST 10 DAYS OF TREATMENT. INITIAL EVALUATION/APPOINTMENT NEEDS TO BE SCHEDULED BY THE HR OFFICE. PLEASE CONTACT THE HR MANAGER AT (207) 741-5568 IF AN APPOINTMENT IS NEEDED OR IF YOU HAVE ANY QUESTIONS.

HEALTH CARE PROVIDER: Bayside Employee Health Center

ADDRESS: 50 Sewall Street, Suite 301, Portland, ME 04102

PHONE: 207-780-6631

EMPLOYEE SIGNATURE _____

DATE ____/____/____

TO PERMIT PROMPT ATTENTION TO THIS MATTER, PLEASE COMPLETE THIS FORM AND RETURN IT WITHIN 24 HOURS TO:

**HUMAN RESOURCES OFFICE
SMCC – FORT BUILDING
PH: (207) 741-5568 FAX (207) 741-5582**

EMPLOYEE'S REPORT OF INJURY

Soc. Sec. No: _____ - _____ - _____

Full name of injured employee _____

Address _____

Phone # (____) ____ - _____

Date of Birth ____/____/____

Occupation when injured _____

Date of hire _____

Name of Supervisor _____

Were you doing your regular work? **Yes / No** If not, what type of work? _____

Do you work for another employer? **Yes / No**

If yes, give name and address: _____

Exact place where injury occurred _____

Date of injury ____/____/____ Time ____:____ am/pm

Your regular start time ____:____ am/pm

To whom was the injury reported? _____ Date ____/____/____

Witnesses' Names _____

Describe fully how injury happened _____

Describe your injury in detail _____

Have you ever had this type of injury before? If so, please explain. _____

Was safety equipment provided: **Yes / No** Used: **Yes / No** Explain: _____

Did you lose time from work? **Yes / No** If so, when did disability begin? ____/____/____

If you have returned to work, what was the date? ____/____/____

Are you declining medical treatment at this time? _____

IF MEDICAL ATTENTION IS NECESSARY AND THE INJURY/ILLNESS IS NOT LIFE THREATENING, EMPLOYEES ARE REQUIRED TO USE SMCC'S PROVIDER, BAYSIDE EMPLOYEE HEALTH CENTER OR US HEALTHWORKS (MIDCOAST) FOR THE FIRST 10 DAYS OF TREATMENT. INITIAL EVALUATION/APPOINTMENT NEEDS TO BE SCHEDULED BY THE HR OFFICE. PLEASE CONTACT THE HR MANAGER AT (207) 741-5568 IF AN APPOINTMENT IS NEEDED OR IF YOU HAVE ANY QUESTIONS.

HEALTH CARE PROVIDER: US HealthWorks

ADDRESS: 11 Medical Center Drive, Brunswick, ME 04011

PHONE: 207-725-2697

EMPLOYEE SIGNATURE _____

DATE ____/____/____

SUPERVISOR'S INJURY REPORT

Within 24 hours of notice or knowledge of an injury (even if medical attention is not necessary), submit the following to Human Resources located in the Fort Building:

1. Completed **Employee's Report of Injury**
2. Completed **Supervisor's Injury Report**

Name of injured employee _____ Dept. _____

Date of injury ___/___/_____ Type of injury _____

Date you received notice, or had knowledge that the injury was work related ___/___/_____

Who informed you? _____

Person(s), other than those listed on the Employee's Report, who could provide further information about the incident:

Name/title/contact # _____

Name/title/contact # _____

Do you have any comments about the information on the Employee's Report?

Do you have an opinion concerning the injury? _____

Do you feel this is a work-related compensable injury? Yes No

Why or Why not? _____

Was this an avoidable or unavoidable injury? If avoidable, how?

If avoidable, what action(s) have or are being taken? _____

Had the person received training related to cause of injury? Yes No

Was safety equipment provided: Yes / No Used: Yes / No Explain: _____

Did the employee decline medical attention at the time of reporting? _____

Your Name and Title _____

Signature _____ Date ___/___/___

Work/Cell Phone # (_____) _____ - _____ Normal working hours _____



NEAR MISS OR MINOR ACCIDENT REPORT

Please complete and submit this form within 24 hours of the incident.

Date: _____

Date of incident: _____ Time of incident: _____ AM / PM

Exact location: _____

Submitted by: _____ Department: _____

Job activity at the time of the near-miss:

Description of the near-miss incident (attach photos or diagrams if available):

Specify the hazardous condition: _____

Specify the unsafe act: _____

Other employees involved, if any: _____

Preventive action recommended: _____

Corrective actions taken: _____

Supervisor responsible: _____

Reviewed by:



NEAR MISS OR MINOR ACCIDENT REPORT

Supervisor: Name: _____ Dept: _____ Date: _____

Comments: _____

Environmental Health and Safety Name: _____ Date: _____

Comments: _____

Human Resources: Name: _____ Date: _____

Comments: _____



MAJOR ACCIDENT INVESTIGATION REPORT

Attention: This form contains information relating to employee health and other privacy concerns and must be used in a manner that protects the confidentiality of employees to the fullest extent possible while the information is being used for occupational safety and health purposes.

Reason for report: ___ Injury ___ Illness ___ Accident ___ Fatality

Primary Investigator's name: _____ Investigation date: _____

Job title: _____ Phone: _____

Investigator(s): _____

EMPLOYEE INJURY/PROPERTY DAMAGE INFORMATION

Employee name: _____ Date of birth: _____

Occupation: _____ Phone: _____

Sex: Male Female (circle one)

Date and time of injury/damage: _____ Time: _____ AM / PM

Exact location of the accident: _____

Witnesses: _____

Did the accident result in the death of one or more persons? Yes No

Did the accident result in the hospitalization of three or more persons? Yes No

Was medical treatment provided? Yes No

Was this a recordable injury or illness? Yes No

If so, describe the treatment:

Did the employee lose time from work? Yes No

Was the employee placed on restricted or light duty, or transferred to another job? Yes No

If so, describe: _____



MAJOR ACCIDENT INVESTIGATION REPORT

ACCIDENT ACCOUNT

Describe the accident (in the sequence that events occurred):

Describe the extent of injury or illness and body parts affected/property damage:

Specify the hazardous condition (source of unsafe energy or hazardous material):

Specify the unsafe act:



MAJOR ACCIDENT INVESTIGATION REPORT

DISCUSSION

ENERGY SOURCES OR HAZARDOUS MATERIALS

Discuss the specific energy sources (e.g., moving object or machine part) or hazardous materials, including how and why the sources or materials resulted in injury or property damage:

UNSAFE ACTS OR HAZARDOUS CONDITIONS

Discuss the normal or expected safe work conditions and practices, and the deviations from such conditions and practices that resulted in the injury or property damage:

MANAGEMENT POLICIES, PERSONAL, OR ENVIRONMENTAL FACTORS

Was injury or damage caused by employee's willful misconduct, intoxication, or intent to injure self or another? Yes No

If yes, describe (use reverse)

Was the incident a result of violation of established safety policies? Yes No

If yes, explain (use reverse)

Has the employee received training to perform this procedure safely? Yes No

If no, explain (use reverse)

Was adequate personal protective equipment provided for the required tasks? Yes No

If no, explain (use reverse)

Are changes necessary in the operations or procedures to prevent this type of incident in the future? Yes No

If yes, explain (use reverse)

Discuss any additional policies, personal factors, and environmental factors that led to hazardous conditions or unsafe acts: _____



MAJOR ACCIDENT INVESTIGATION REPORT

RECOMMENDED CORRECTIVE ACTIONS

Describe recommendations for corrective action(s):

Schedule for the completion of corrective action(s):

Investigator's Signature: _____

Name (print): _____

Date: _____

Distribution: Employee: _____
Employee's Supervisor: _____
Environmental Health and Safety
Human Resources
Health and Safety Committee



MAJOR ACCIDENT INVESTIGATION REPORT

REVIEWED BY:

Environmental Health and Safety

Comments: _____

Signature: _____ Date: _____

Human Resources

Comments: _____

Signature: _____ Date: _____

Health and Safety Committee

Comments: _____



MAJOR ACCIDENT INVESTIGATION REPORT

Chair Signature: _____ Date: _____

Dean of Administration/Executive Team

Comments: _____

Signature: _____ Date: _____

ACCIDENT WITNESS STATEMENT

Name:	Job Title:
Telephone:	Supervisor:
Work Location:	
Location of Accident:	
Accident Time and Date:	
Please fully describe the accident sequence from start to finish (use additional paper as needed):	
Please fully describe the work and conditions in progress leading up to the accident (use additional paper as needed):	
Note anything unusual you observed before or during the accident (sights, sounds, odors, etc.) (use additional paper as needed):	
What was your role in the accident sequence? (use additional paper as needed)	

ACCIDENT WITNESS STATEMENT

What conditions influenced the accident (weather, time of day, equipment malfunctions, etc.)? (use additional paper as needed)

What do you think caused the accident? (use additional paper as needed)

How could the accident have been prevented? (use additional paper as needed)

Please list other possible witnesses (use additional paper as needed):

Additional comments/observations (use additional paper as needed):

Signature:

Date/Time:

Return to: Security Office
Fort Building or Orion Hall
Southern Maine Community College
2 Fort Road South Portland, ME 04106



Student / Visitor Accident and Injury Report

Name _____ Campus: Brunswick South Portland
Student ID# _____ Event Date / Time: _____
Address _____ Phone #(s): _____
_____ Email: _____

To which campus official (and when) was the event reported: _____

Description of event:

- continue on separate sheet -

Description of injury if any (include any first aid administered by SMCC personnel):

- continue on separate sheet -

Were any non-campus services (fire / police / rescue) called upon? If yes, describe

- continue on separate sheet -

Describe any follow-up action required at this time:

- continue on separate sheet -

To the best of my knowledge, all of the information on this form and attachment(s) is complete and accurate.

Student / Visitor Signature

Today's Date

Instructor Comments on Classroom Accident or Injury

Instructor Name:

Date:

Class Name:

Provide detail on the incident and recommendation for what we could do to prevent similar accidents in the future. Continue on separate sheet if needed.

STUDENT AND VISITOR ACCIDENT REPORTING PROCEDURE

Non-Classroom Accident Reporting Procedure

Follow these steps to report an accident and/or injury which did not occur in the learning environment.

1. Any SMCC student or visitor to the College who sustains an injury on College property or at any facility where College business is being transacted is required to file an accident report with the College within 24 hours of the occurrence (or the next business day, whichever comes first).
2. Injured students or visitors not in need of immediate medical attention should be directed to the Security Office in the Fort Building on the South Portland Campus or in Orion Hall on the Midcoast Campus, where they may complete an Accident Report Form. The phone number for the Security Office Dispatch Desk is 207-741-5553. The form is also available on the Security page of the student portal (MySMCC).
3. Upon receipt of an Accident Report, the Security Office will forward a copy of the report form to the Environmental Health and Safety Coordinator who will provide notice to other appropriate parties as needed. The EH&S Coordinator will serve as the contact person for questions and other concerns about a reported injury and will report his/her findings to the Dean of Students, noting any identified safety hazards which may have contributed to the reported injury.
4. The Dean of Students will make recommendations needed to correct identified safety hazards to the Office of the President and to other campus offices and/or committees as he/she deems necessary.

Classroom Accident Reporting Procedure

In addition to following the steps above, if a student is injured in the learning environment, the instructor will provide details regarding how the incident occurred, if the student received guidance on safe use/operation of any chemicals or equipment involved in the incident and make recommendations for procedural changes that may prevent similar future injuries. These should be noted in the space provided on the Accident Form. Additional pages may be attached as needed.