

**Boston University**  
**Accident Report and Analysis**

OH-1

**\*\*\*\*This form must be completed by supervisor within 24 hours of the accident\*\*\*\***

Employee's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Date of Hire \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Days worked \_\_\_\_\_ Shift Hours \_\_\_\_\_ Full/Part Time \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Date Employee Notified You of Accident \_\_\_\_\_

Location of Injury \_\_\_\_\_

On Employer's Premises? Yes No Regular Occupation when Injured? Yes No

Employee's Account of Accident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses \_\_\_\_\_

Body Part Injured \_\_\_\_\_

Describe any unsafe act or unsafe condition that may have contributed to the accident.

\_\_\_\_\_  
\_\_\_\_\_

What actions have been taken to prevent recurrence?

\_\_\_\_\_

Has the Office of Environmental Health and Safety been informed? Yes No

If lifting injury: what was employee lifting? \_\_\_\_\_

How much did it weigh? \_\_\_\_\_

To what height was employee lifting? \_\_\_\_\_

Supervisor's Comments

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form along with the state required form (either 118 or 101)\* must be filled out by injured employee's supervisor. Once completed, both forms should be forwarded immediately to the Department Administrator/Payroll Coordinator, who will forward them to the Office of Personnel. Attach any additional information that may be useful in processing this claim. The Supervisor must report any unsafe work condition to the Office of Environmental Health and Safety immediately.**

Office of Personnel 11/97