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

Name______________________________

Bldg/Rm_______ Ext.__________

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

Reg. sched. days off: ________________

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

SUPERVISOR

Name______________________________

Bldg/Rm_______ Ext.__________

PSFC Division:________________________

Location at time of accident:___________

WITNESSES TO ACCIDENT

Name______________________________

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 (ESTIMATED IF NECESSARY): ^

From: ___________  To: ___________

date/time  date/time

MEDICAL ATTENTION

Supervisor’s signature  date  Injured Person’s signature  date

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(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 (WITH "RETURN TO WORK" SLIP)

From: ___________  To: ___________

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

• 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.
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

Name________________________________________
Bldg/Rm_________ Ext._________

SUPERVISOR

Name________________________________________
Bldg/Rm_________ Ext._________

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

PSFC SAFETY INSPECTOR: __________________________________________

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) -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 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.