



Office of Environmental Health & Safety

HOW TO COMPLETE AN ONLINE CWU ACCIDENT REPORT FORM

CWU Central Washington University

CWU Accident Report Form admin | cwu home

Employee or Student Employee: Complete both sections below. ([download & print copy](#))
Student or Visitor: Complete the first section below, only. ([download & print copy](#))

TO BE COMPLETED BY INJURED PERSON:

Full Name: <input type="text" value="Type first and last name"/>	CWU ID: <input type="text"/>	Email: <input type="text"/>	Employee	Student	Student Employee	Visitor
Address: <input type="text"/>					Phone: <input type="text"/>	
Date of Accident: <input type="text"/>	Time: <input type="text"/>	am	pm	Where did the accident occur? <input type="text"/>		
Type of injury: <input type="text"/>			Part of body injured: <input type="text"/>			
Date Reported: <input type="text"/>	Time Reported: <input type="text"/>	am	pm	Reported to: <input type="text"/>		





Accessing the CWU Accident Report Form

CWU | Site Index

Give to CWU | Text Only | **NYCWU | A-Z**

CWU STUDENTS PARENTS ALUMNI ATHLETICS

About Admissions Academics Services Campuses CWU Life **APPLY NOW**

Request info Visit CWU

Home

Site Index

For questions and feedback regarding the CWU website, email the web staff at webteam@cwu.edu.

A|B|C|D|E|F|G|H|I|J|K|L|M|N|O|P|Q|R|S|T|U|V|W|X|Y|Z

A

- Academic Achievement Program
- Academic Advising Center
- Academic Calendar
- Academic Department Chairs Organization (ADCO)
- Academic Facilities Planning Office
- Academic Scheduling
- Academic Services Learning
- Accident Report**
- Accounting - Academic
- Accounting - University Business Affairs
- Accreditation
- Admission Information
- Advanced Programs
- Aerospace Studies / Air Force Reserve Officer Training Corps (AFROTC)
- Africana and Black Studies
- Alumni & Constituent Relations
- American Sign Language Club
- Animal Care and Use
- Anthropology
- Apparel, Textiles and Merchandising (formerly Fashion Merchandising)
- Apply Online
- Archives (University)
- Archives (Washington State)
- Art
- Arts and Humanities, College of
- Asia/Pacific Studies

Form may be found either through the A-Z search portal or on the EH&S webpage

Facilities | Environmental Health and Safety: General Information

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CWU STUDENTS PARENTS ALUMNI ATHLETICS

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CWU Home » Facilities » Environmental Health and Safety: General Information

Departments

- Administrative Services
- Capital Planning & Projects
- Environmental Health & Safety
- Operations and Maintenance

Welcome to Facilities Management!

Environmental Health and Safety: General Information

- Reporting an Accident**
- Campus AEDs (Automated External Defibrillator)
- Ergonomic Information
- General Safety Information
- General Workplace Inspection Checklist
- GHS vs. MSDS Format
- Hazard Communication Fact Sheet for Office Personnel
- Hazardous Waste Information
- Laboratory Safety Information
- Respiratory Medical Questionnaire
- Retention MSDS
- Safety Hazard/Incident Report Form
- Safety and Health Council

Other FMD Resources

- Current Job Openings
- FMD Strategic Plan
- FMD Standards
- Reports and Plans
- Professional Affiliations
- Organizational Charts

Committees and Councils

- Enterprise Facilities Committee
- Health and Safety Council
- Enterprise Communications Sub-Committee
- FMD Department Safety Council

Please Note: If you have trouble viewing any of these documents, please contact our office at (509) 963-2252 or by email at judson@cwu.edu.

James Hudson, Industrial Hygienist(509) 963-2338
judson@cwu.edu

Contact Us

Main webpage portal to online Accident Reporting Form





Facilities | CWU Accident Reporting

CWU

Give to CWU | Text Only | MyCWU | A-Z

STUDENTS PARENTS ALUMNI ATHLETICS

About Admissions Academics Services Campuses CWU Life **APPLY NOW**

Request info Visit CWU

CWU Home » Facilities » CWU Accident Reporting

Departments

- Administrative Services
- Capital Planning & Projects
- Environmental Health & Safety
- Operations and Maintenance

I Need Help With

- Maintenance & Repair
- Initiating a Project
- Motor Pool
- Mailing a Letter or Package
- Ordering Supplies
- Space Planning
- Moving to a New Location
- Reporting an Accident

Other FMD Resources


- Current Job Openings
- FMD Strategic Plan
- FMD Standards
- Reports and Plans
- Professional Affiliations
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Committees and Councils

- Enterprise Facilities Committee
- Health and Safety Council
- Enterprise Communications Sub-Committee
- FMD Department Safety Council

Contact Us

Welcome to Facilities Management!



CWU Accident Reporting

This page is intended for individuals who are involved in a university-related accident or injury

[Online Accident Report Form](#)

Central Washington University places a high priority on the safety and well-being of its students, faculty, staff, volunteers and visitors. We work together to establish and maintain a healthy and safe environment for all sanctioned activities and to comply with applicable laws and regulations regarding safety and health of students, faculty, staff, volunteers and visitors. Accidents happen, however.

All accidents, injuries, and occupational illnesses are to be reported immediately, or as soon as possible, to a university official. Accident reports are not used to assign fault, but to fulfill Washington State Department of Labor and Industries (L&I) reporting requirements, to help mitigate hazards, and to enhance the health and safety of our entire university community.

For employees:

If you are an employee who has suffered a work-related injury or been in an accident on the job, please contact your supervisor immediately to report the situation. You and your supervisor are expected to complete the [Online Accident Report](#) and submit to Environmental Health and Safety (EHS) by the end of the work shift in which the injury or accident occurs. If the employee is unable to complete the report in that time frame, the supervisor should complete both sections on behalf of the injured employee and submit to EHS.

For visitors and students:

Please complete and submit the [Online Accident Report](#) as soon as is possible after an accident. EHS staff will distribute information appropriately and may contact you to discuss details of the incident.

It is a regulatory requirement that serious accidents to employees (those resulting in which an employee is admitted as an inpatient at the hospital, for example) must be reported to L&I within eight hours.

Should a serious accident occur during normal working hours, please contact EHS

Main link to Online Form

Secondary links to Online Form





TOP PORTION OF THE ONLINE CWU ACCIDENT REPORT FORM

Hardcopy of Accident Reports

Indicate the classification of the injured person

CWU Central Washington University

CWU Accident Report Form admin

Employee or Student Employee: Complete both sections below. ([download & print copy](#))

Student or Visitor: Complete the first section below, only. ([download & print copy](#))

TO BE COMPLETED BY INJURED PERSON:

Full Name: Type first and last name CWU ID: Email:

Employee Student Student Employee Visitor

Address: Phone:

Date of Accident: Time: am pm Where did the accident occur?

Type of injury: sprain, cut, bruise, exposure, etc. Part of body injured: left knee, right elbow, right hand, etc.

Date Reported: Time Reported: am pm Reported to:

- ✓ By marking Employee or Student Employee button, the report will be submitted to both EH&S and HR
- ✓ By marking Student or Visitor button, the report will only be submitted to EH&S





TOP PORTION OF THE ONLINE CWU ACCIDENT REPORT FORM

CWU Central Washington University

CWU Accident Report Form

admin | cwu home

Employee or Student Employee: Complete both sections below. ([download & print copy](#))

Student or Visitor: Complete the first section below, only. ([download & print copy](#))

TO BE COMPLETED BY INJURED PERSON:

Full Name: CWU ID: Email: Employee Student Student Employee Visitor

Address: Phone:

Date of Accident: Time: am pm Where did the accident occur?

Type of injury: Part of body injured:

Date Reported: Time Reported: am pm Reported to:

Be specific as to the location of the accident; EH&S may have to locate the site

The actual date and time of the accident

The date and time that the accident was reported to the supervisor

Supervisor, Instructor, Front Office, Lead, Rec Center Trainer, etc.



MIDDLE PORTION OF THE ONLINE CWU ACCIDENT REPORT FORM



Date Reported: Time Reported: am pm Reported to:

Description of accident (Include activities at the time of the accident, specific location, etc.):

Give a detailed description of the accident; the more information, the better

Factors contributing to incident/accident:

Presence of ice; moving or lifting an object; repetitive motion; worn or bulging carpet, etc.

Tools, chemicals, or equipment involved:

Circular saw; utility dolly; etching compound; centrifugal blower; etc.

Suggestions for correcting conditions:

Grind or buff down lifting sidewalk; trim back overhanging branches; put out "wet floor" signs; etc.

Witness Information (name, address, and phone number):

Treatment: First aid Sent home Emergency room
 Sent to physician Physician's name
 Admitted to hospital Hospital's name

Medical treatment received:

I agree, to the best of my ability and knowledge, that all information I have given above is true and correct.

TO BE COMPLETED BY CWU EMPLOYEES ONLY:

You must mark this button; it won't allow you to proceed

If known, indicate the type of treatment given (e.g., stitches, ice pack, observation only, etc.)





BOTTOM PORTION OF THE ONLINE CWU ACCIDENT REPORT FORM

I agree, to the best of my ability and knowledge, that all information I have given above is true and correct.

TO BE COMPLETED BY CWU EMPLOYEES ONLY:

Employee Work Phone: Work start time: am pm Department:

Position: Full time Part time Temporary Student

Could this accident have aggravated a previous work-related injury or illness? If yes, explain:

Supervisor's name: Supervisor's email:

Make sure the supervisor email address is correct, as an email notification will be sent.

Submit

Make sure the supervisor email address is correct, as an e-mail notification will be sent (not required for student or visitor reporting)

Once submitted, notification will go to the employee/student employee's supervisor. If report is for student or visitor, notification will go the EH&S only

© Central





This notification page will come up on your screen indicating a successful transmission of the online report

A screenshot of a web page from Central Washington University. The header shows the CWU logo and 'Central Washington University' on the left, and 'cwu home' on the right. The main content area has a white background with black text. It starts with 'Thank you very much!' followed by 'Your form has been submitted.' Then it says 'If you are an employee the form has been submitted to your supervisor for review.' Next, it states 'Your supervisor must complete the bottom "Supervisor Section" of the form, so please meet with your supervisor so that the record gets completed and Human Resources and Environmental Health and Safety are notified.' Then, 'If you are a student or visitor, your form has been submitted and an email notification directly sent to Environmental Health and Safety. Someone will be in contact with you.' At the bottom, it says 'Return to Central Washington University [HOME](#).' The footer contains the copyright notice '© Central Washington University 2016 All Rights Reserved'.



Email notification that an accident report was submitted to supervisor from an employee

From: Employee
To: Supervisor
Cc:
Subject: CWU Accident Report Submitted
Date: Thursday, March 24, 2016 8:39:35 AM

Dear Supervisor

Employee (xxx @cwu.edu) has submitted a CWU Accident Report due to a recent injury.

Please review the information he/she has submitted. You will need to fill out the bottom 'Supervisor' section to complete the record.

Please review the form at: <http://www.cwu.edu/~web/cwu-accident-report/supervisor.php?id=116>

Human Resources and Environmental Health and Safety will be notified once you have completed the Supervisor Section and submitted the record.

Click on link to
view accident
report





BOTTOM PORTION OF SUPERVISOR SECTION OF THE ONLINE ACCIDENT FORM

Detail the root causes of the accident. May involve thorough investigation into all factors contributing to the accident

You must mark this button; it won't allow you to submit the completed form

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR:
(Please complete as soon after the accident as possible. Report lost time to date if necessary.)

Work time lost (hours): Date(s) of lost time:

Date returned to work: Light duty days:

Describe how and why accident occurred:

Was the accident area inspected: yes no

Comments about this...

List actions taken to prevent similar accidents in the future (include target date, completion date, and name of person responsible):

Actions taken

Actions taken

Actions taken

Additional comments:

I agree that, to the best of my knowledge, that all information I have given above is true and correct.

Supervisor's name: Submitted on:

Helps HR to determine WC loss time benefits and compensation

Helps to find underlying causes of an injury or illness and to document the actions taken

Once submitted, report goes to both HR and EH&S





Questions?

