School of Oceanography
College of the Environment

MarineOperations
Accident Reporting Form

Must be completed within 24 hours of incident

1.**Personal info**

A. Full Name: _____

B. UW Net ID: _____

2. **Incident Details**

Please answer a few classification questions along with a detailed description of the incident or injury below.

A. Date and approximate time of incident or when patient started showing symptoms:

_____

B. Was this incident or injury caused by workplace violence, fire or explosion? (Y/N) _____

C. Did the patient require hospitalization? (Y/N) _____

D. Full Description of incident(circumstances leading up to the event, cause of incident, description of injury including parts of body affected etc.)

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E. List one or more “Root” causes of the incident (Equipment, Environment, Policies/ Procedures, and or Human Factors?

_____

_____

F. What corrective actions should be taken to prevent future accidents of this nature based on the “Root” causes cited above?

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