UTP ACCIDENT/INJURY REPORT

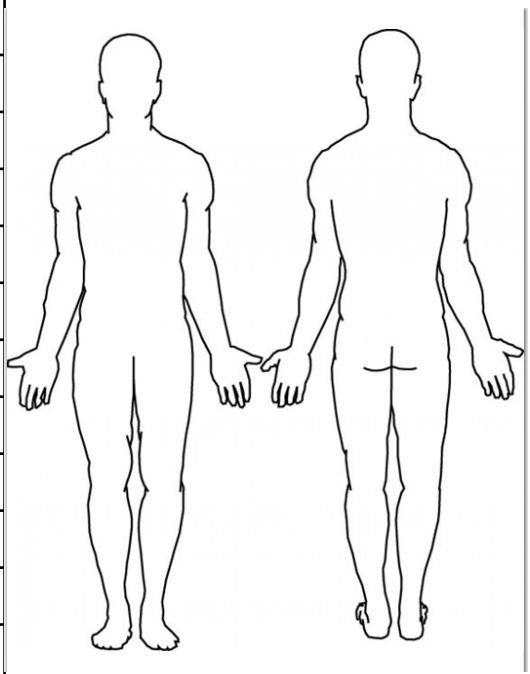
UTP Case #:		**Region:**				**Report Date:**	
INJURED PERSON INFORMATION							
Injured Person Name:						Male ☐	Female ☐
Address:					**IATSE Local #:**		
City:		**State:**		**Zip:**		**Department:**	
Telephone:		**Date Of Birth:**		**EMail:**			
ACCIDENT INFORMATION							
Accident Date:		**Accident Time:**		**Day Of Week:**		**Weather:**	
Accident Venue Name:					**IATSE Local Jurisdiction #:**		
Show or Event Name:							
Address:					**Website:**		
City:		**State:**		**Zip:**		**Telephone:**	
Specific Location of Incident On-Site:							

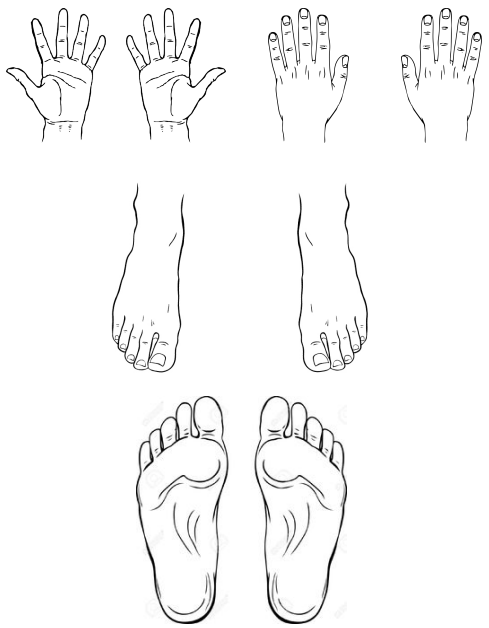
INJURY INFORMATION

Fatal ☐ **Major** ☐ **Serious** ☐ **Minor** ☐ **Near Miss** ☐

Abrasion	☐
Amputation	☐
Broken Bone	☐
Bruise	☐
Burn	☐
Concussion	☐
Crushing	☐
Cut	☐
Hernia	☐
Impact (Hit)	☐
Illness	☐
Puncture	☐
Sprain/Strain	☐
Other (Specify)	☐

⬇ MARK INJURED AREAS ON THE DIAGRAMS BELOW ⬇





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ACCIDENT DESCRIPTION QUESTIONS
What happened prior and after the accident?
What was the injured party doing at the time of the accident?
Where there other workers in close proximity to the accident?
Was the injured person performing authorized tasks?
Did the accident occur during work, on a break, during a meal break or entering/leaving?
What tools and or operations were in use at the time of the Accident?

ACCIDENT DESCRIPTION NARRATIVE (All Details of the Event)

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ACCIDENT INVESTIGATATION
How did the Accident happen?
Were all safety regulations and procedure in place at the time of the accident?
What tools and/or equipment were in use at the time of the accident?
Were there any unsafe conditions prior to the accident?
Have there been any similar incidents or near misses prior to this one at this location?

ROOT CAUSES OF ACCIDENT (Check all that apply)	
☐ Inadequate guard	☐ Operation without permission or direction
☐ Unguarded hazard	☐ Operating at an unsafe pace
☐ Defective safety device	☐ Servicing equipment without a proper lockout
☐ Defective Tool or Equipment	☐ Making a safety device inoperative
☐ Workstation Area Cluttered & Hazardous	☐ Using defective equipment
☐ Unsafe Lighting	☐ Using equipment in an unapproved way
☐ Unsafe Ventilation	☐ Unsafe lifting
☐ PPE not available for use	☐ Failure to use personal protective equipment
☐ Lack of appropriate equipment or tools	☐ Distraction, horseplay or not paying attention
☐ Unsafe clothing	☐ Taking an unsafe position or posture
☐ Insufficient training	☐ Lack of knowledge for use of equipment
☐ Unsafe acts or conditions reported prior	☐ Other:

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WITNESS 1 (Have each witness fill out Separate Statement Form)					
Name:				**Department:**	
Address:				**Telephone:**	
City:		**State:**		**Zip:**	
Statement Attached?	☐ Yes ☐ No			**Email:**	

WITNESS 2 (Have each witness fill out Separate Statement Form)					
Name:				**Department:**	
Address:				**Telephone:**	
City:		**State:**		**Zip:**	
Statement Attached?	☐ Yes ☐ No			**Email:**	

WITNESS 3 (Have each witness fill out Separate Statement Form)					
Name:				**Department:**	
Address:				**Telephone:**	
City:		**State:**		**Zip:**	
Statement Attached?	☐ Yes ☐ No			**Email:**	

WITNESS 4 (Have each witness fill out Separate Statement Form)					
Name:				**Department:**	
Address:				**Telephone:**	
City:		**State:**		**Zip:**	
Statement Attached?	☐ Yes ☐ No			**Email:**	

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TREATMENT AND/OR FIRST AID		
☐ Treatment given on scene	**By: Name, Job**	
What Treatment was given?		
☐ Injured self drive or transported to Hospital/Clinic	**By: Name, Facility**	
☐ Injured transported to Hospital Via EMS	**EMS Agency & Facility**	

PREVENTION			
What if any actions have or will be taken to prevent a recurrence?			
☐ Stop this activity	☐ Guard the hazard	☐ Train employee(s)	☐ Train supervisor(s)
☐ Redesign tasks	☐ Redesign work area	☐ New Policies/Rules	☐ Enforce Existing Policies
☐ Use PPE	☐ Routinely inspect for hazards		☐ Other:

ADDITIONAL PREVENTION NOTES:

CERTIFICATION (Please Print)			
This Report Completed By:		**Date:**	
Accident Investigated By:		**Date:**	
Insurance Carrier Notified, By:		**Date:**	
Employer Notified, By:		**Date:**	
OSHA Notified, By:		**Date:**	