THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

OFFICE OF RISK MANAGEMENT
ACCIDENT REPORTING FORM

ORM-2
Revised 01/2010

Section One: Complete For All Accidents

Department	Date of Accident	Time Incident Occurred A.M P.M.
Location (indicate By Building And Room, Or In Relation To Known Fixed Object)		
Description of Incident (Be Specific)		
Witness Name and Address		Daytime Phone
Witness Name and Address		Daytime Phone
Factors in Incident (Be Specific) ☐ Unsafe Act _____ ☐ Unsafe Condition _____		Corrective Action Taken _____ _____
Supervisor's Comments / Recommendations:		
Supervisor Signature		Date

Section Two: Complete For Personal Injuries

Name of Injured Person	Address	City	State	Zip Code

Daytime Telephone	Home Telephone ( )	Gender Male Female	Date of Birth (MM/DD/YYY)

Nature of Injury	Body Part Affected (Indicate Left or Right)
Status of Injured Person ☐ Faculty ☐ Student ☐ Staff ☐ Other (Specify) _____	Severity of Injury ☐ Minor First-Aid ☐ Disabling ☐ Severe Non-Disabling ☐ Fatality _____
Cause of Injury (Be Specific) ☐ Object (Machinery) _____ ☐ Equipment / Tools _____ ☐ Hazardous Substance _____ ☐ rDNA/Biological Substance _____ ☐ Animal (bite/scratch)_____ ☐ Other: _____	Protective Equipment ☐ Was Required ☐ Was Available ☐ Was Used ☐ Was Not Sufficient to Prevent Injury

Section Three: Complete for GWU Employees

Social Security Number	Average Weekly Gross $	Employed by GWU Yrs. Mos.	Time In Present Position Yrs. Mos.

Job Title	Status ☐ Full-Time ☐ Part-Time	Injured On The Job ☐ Yes ☐ No

Job Performing When Injury Occurred	Stopped Work Immediately ☐ Yes ☐ No	Est. Time Lost From Work

Medical Treatment Provided By	Date Supervisor Learned of Injury

Section Four: GWU Employee Certification

I solemnly affirm under the penalty of perjury that the contents of this accident report are true and accurate. I further understand that this information will be submitted to the Office of Risk Management and will be used in the evaluation of determining Worker Compensenation benefits.

_____ _____
Employee's Signature Date