



Accident Reporting and Treatment (ART) Form

Important Instructions

Assess the Situation

Emergencies

Note: This Form is to be used for individuals involved in a work-related injury. The employee should contact his/her supervisor.

Call Campus Police x5555

In the event of serious bodily injury to an employee (e.g., amputation, loss of an eye, crushing injury, heart attack, loss of consciousness, toxic gas exposure, obvious fractures, profuse bleeding), you should:

1. Call Campus Police at x5555.
2. Administer first aid.
3. Secure the accident scene. Your primary concern is the employee; once medical treatment is acquired proceed with Step 1.
4. Campus Police will call The Occupational Health Center and arrange for appropriate emergency medical transport to bring the injured employee with all copies of the ART Form. If Campus Police is unavailable, the supervisor (or designee) will transport the injured worker.

The Occupational Health Center

Beth Israel Deaconess Hospital

148 Chestnut Street

Needham, MA 02492

(781) 453-3041 M-F 8:00AM-4:00PM

Emergency (781) 453-5400

M-F 4:00PM-8:00AM and Weekends

Non-Emergencies

1. The employee will notify his/her supervisor in the event of an injury.
2. The ACCIDENT DATA section should be completed.
3. The employee must read the PAYMENT AUTHORIZATION section and sign his/her name.
4. The supervisor will call Campus Police at x2121.
5. Campus Police or supervisor will assess the situation and when necessary administer first aid and complete the FIRST AID section.
6. At the supervisor's discretion, he/she will accompany the injured employee to The Occupational Health Center.

BEFORE TREATMENT

Employee

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Supervisor

AFTER TREATMENT

Meadowbrook TPA Associates
10 New England Business Center
Suite 303

Andover, MA 01810

Policy # 000225

888-444-4872

7. The Occupational Health Center will fax Form to Human Resources at (781) 283-2231 and return Form via mail to Wellesley College, Human Resources, 106 Central Street, Wellesley, MA 02481.
8. The transporter will present the ART Form to the provider for completion of their section and return the ART Form to the employer within 24 hours.
9. The supervisor and employee will complete the RETURN-TO-WORK section, the supervisor will retain the white copy, forward the pink copy to Human Resources and yellow copy to Wellesley College's Director of Environmental Health and Safety within 24 hours of the occurrence of the injury.

Wellesley College ACCIDENT REPORTING AND TREATMENT (A.R.T.) FORM

ACCIDENT DATA

Date _____ Name of Employee _____ Social Security # _____
Home Address _____
Home Phone # _____ Work Phone # _____ Birth date _____
Job Title _____ Department _____
Date of Injury _____ Location of Injury/Incident _____
Description of what happened _____
Type of Injury _____ Body part Injured _____
Supervisor (please write clearly) _____ Witness _____

PAYMENT AUTHORIZATION

I hereby authorize Wellesley College (or any of its representatives) , to furnish any information and facts regarding this injury, including reports and records, results of diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. This information is to be used for the purpose of evaluating and handling my claim for injury as a result of an incident occurring on or about the above noted date of injury and for no other purpose, now or in the future.

Employee Signature _____ Date _____

FIRST AID Nature of Injury _____ First Aider _____
 New injury No injury/illness found Recurrence/aggravation of existing condition
Type of Injury _____ Body part injured _____
Treatment _____ Follow up (if any) _____
Recommendations/Return to Work _____ Date _____

OUTSIDE PROVIDER Where was the employee taken for initial treatment? _____ Arrival Time _____

Nature of injury: New injury No injury/illness found Recurrence/aggravation of existing condition
Type of injury: _____ Body part injured: _____
Comments/Recommendations/Modifications: _____

Medical Provider Signature: _____ Date: _____

RETURN TO WORK To be completed by the employee and his/her supervisor.

The above mentioned modifications (if applicable) have been reviewed and the employee:

- Has been placed in an appropriate alternate duty position Returned to full duty, no modifications
 Cannot be accommodated at this time Was sent home per medical instruction Employee refused modified duty

Supervisor (please write clearly) _____ Date: _____

Note: To facilitate the best care for your employee it is the Supervisor's responsibility to adhere to the above modifications.

1. a. In detail, what was the employee doing at the time of the accident? _____

1. b. Was this the employee's regular work assignment? yes no

If no, was this person trained for this assignment? yes no

2. Exact location/building where it happened _____

3. Machinery or equipment being used (serial #) _____

4. Analysis of factors contributing to cause of accident. (Please check all appropriate boxes)

WORKING CONDITIONS

- Poor housekeeping
- Poor ventilation
- Temperature (___ Hot/ ___ Cold)
- Not applicable
- _____

BUILDING/PLANT CONDITION

- Fire protection inadequate
- Exits unmarked
- Restricted areas
- Weather conditions
- Unguarded opening
- Not applicable
- _____

EQUIPMENT/MACHINERY

- Faulty tools
- Faulty machinery
- Lack of maintenance
- Improper guarding
- Guards removed
- Guards missing
- Guards tampered with

Not applicable

EMPLOYEE CONDITION

- Inexperienced
- Insufficient training/instructions
- Instructions disregarded
- Instructions not enforced
- Language barrier
- Used poor judgment
- Not applicable
- _____
- _____

ATTITUDE/DISCIPLINE

- Disobeyed rules
- Attention distracted
- Inattentive
- Fooling, horseplay
- Attempted shortcuts
- Was hasty
- Did not follow/Safe Practice Procedures _____
- Not applicable
- _____

PHYSICAL/MENTAL CONDITION

- Fatigued
- Sluggish
- Weak
- Sick
- Disturbed
- Personal problems
- Not applicable
- _____

DRESS/SAFETY EQUIPMENT

- Protective wear not used
- Protective wear not available
- Safety equipment not used
- Safety equipment not readily available
- Clothing/hair loose or too long
- Faulty shoes, high heels
- Not applicable

5. What specific actions have been taken to prevent recurrence? (check all applicable)

To Correct Unsafe Acts

- Instructed injured person
- Instructed others
- Other _____
- Disciplined injured person
 - Verbal Warning
 - Written Warning
- Changed procedures
- Explain _____

To Correct Unsafe Conditions

- Eliminated condition
- Guarding exposure
- Warned others of hazards
- Implemented inspections
- Submitted work request # _____
- Other _____

6. Person(s) responsible for corrective actions: _____

7. Corrective actions should be completed by: _____

Employee Signature: _____ Date _____

Investigated by: _____ Date _____

Approved by Director of EH&S: _____ Date _____

After all approval signatures, forward the original to the Director of Environmental Health and Safety.