



**Office of Risk Management
State Employee Accident/Incident Report
Northshore Technical Community College
Human Resources Office**

1710 Sullivan Drive, Bogalusa, Louisiana 70427

Each employee accident/incident must be reported on Human Resources Office Form HR-006 in order for Northshore Technical Community College (NTCC) to establish responsibility for insurance coverage with the Division of Administration. It is the responsibility of the supervisor to complete the HR-006 form and the Medical Authorization Form HR-007 in the following manner:

- A. As soon as the supervisor is notified of an accident/incident the State Employee Accident/Incident Report, HR-006 form should be completed and signed by the employee and their supervisor. The Medical Authorization Form HR-007 should also be completed by the employee. Forms are also available in the NTCC Human Resources Office or on the NTCC website. These forms should be submitted to the NTCC Human Resources department. A copy of this form should be retained at the location which the accident/incident occurred. Form HR-006 should also be scanned/mailed to the NTCC Facilities and Property Manager.
- B. If the employee goes to a physician, the employee should submit the original Employee Accident/Incident Report form HR-006, the Medical Authorization Form HR-007, and release to return to work Form HR-005, etc. to the NTCC Human Resources Office.
- C. If the employee does not see a physician, the State Employee Accident/Incident Report Form is submitted to the NTCC Human Resources Office and the NTCC Facilities and Property Manager as soon as possible.
- D. All charges for physicians, hospitals, prescriptions, etc. must be carried in the employee's name. Claims for reimbursement or payment of any charges may be forwarded to the NTCC Human Resource Office for transmittal to the Division of Administration, Office of Risk Management.

(PLEASE TYPE OR PRINT)

Dates/General Information

Date of Report _____ Date and Time of Accident/Incident _____

Name of Person Accident Reported to: _____ Time Reported _____

Date of return to work: _____ Person completing this report _____

Date Employer Knew of Injury _____ Date lost time began _____

Employee Information

Employee Name & Title _____ Male/Female _____

Address _____ Employee Home Phone # _____

Immediate Supervisor _____ Work Phone# _____

Parish of Residence _____ Race _____ Marital Status _____

Effective: 11/09/2007
Last Updated: 08/22/2011

***Copy of completed form must be on file at the location where
incident/accident occurred.**

Number of Children under 18 _____ Date of Hire _____ No. Yrs Service _____

Present Age _____ Date of Birth _____ Department _____

Place of Injury -(Employer's Premises) ☐ Yes or ☐ No

Root Cause Analysis

UNSAFE ACT (PRIMARY): ☐ Failure to comply with policies / procedures ☐ Failure to use appropriate equipment / technique ☐ Inattentiveness
☐ Inadequate / lack of JSA / standards ☐ Incomplete or no policies / procedures ☐ Inadequate training on policies / procedures ☐ Inadequate adherence of policies / procedures

Other (specify) _____

Detailed explanation of checked box _____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): ☐ Inappropriate equip / tool ☐ Inadequate maintenance ☐ Inadequate training
☐ Wet surface
☐ Worn / broken / defective building components ☐ Broken equipment ☐ Inadequate guard ☐ Electrical hazard ☐ Fire Hazard

Other (specify) _____

Detailed explanation of checked box _____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

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Occurrence

Exact Location Where Accident Occurred _____

Name and work phone numbers of all witnesses _____

_____Did employee see physician, hospital, etc.? ☐ Yes or ☐ NoAttending Physician and Address (If Hospital involved, please indicate) _____

Employee's Signature_____
Date_____
Supervisor's Signature_____
Date_____
Employee's Name (print)_____
Date_____
Supervisor's Name (print)_____
Date

Note: This form will be used to enter the accident/incident on the LA Office of Risk Management online reporting STARS system by the NTCC Office of Human Resources.