Injury & Illness Prevention Program (I2P2)

The purpose of this I2P2 program is to set up a system designed to prevent workplace related incidents, accidents, and occupational illnesses. To preserve and protect our greatest resources – students, staff and faculty.

Process and Tools

Develop a safety management system that will:

- · identify, track, and investigate the direct and indirect causes of workplace accidents and illnesses
 - accident report & investigation
- identify and control exposures which may cause work related illnesses
- identify and correct potential hazards unsafe conditions in the work environment
 - assess, prioritize and correct unsafe conditions in our work environment in a timely manner
 - accident report & investigation and risk management plan
- address and change unsafe behaviors or inadequate procedures which may lead to accidents
 - accident report & investigation, supervisor interaction, behavior-based safety program, training

Goal: Results

- create a safe living, learning and working environment for staff, faculty and students
- reduce our work related accidents, injuries, illnesses and associated human suffering
- reduce our costs workers compensation insurance premiums and loss of assets
- create an effective safety culture and positive behavioral change improve productivity

Program Components:

- Program Management
- Employee & Supervisor Participation
- Hazard Identification, Control & Prevention
- Safety and Job Training
- Follow-up, Audits/Evaluation

Student & Visitor Accident Report (non-employee) Name: _____ Student ☐ Visitor On Campus Address: Building:_____ Rm #: _____ Off Campus Address: _____ E-mail: ______ Phone: _____ Witness Name: _____ Phone: _____ Accident occurred in or near which Building? Specific location accident occurred: Date accident occurred: _____ Time of accident: _____ Description of accident events/sequence of events that lead to accident: Injury Description (specific body parts): Did you seek medical attention? ☐ Yes □ No Where? _____ Factors you believe to be involved in causing the accident: **SUBMIT REPORT TO: SAFETY & RISK MANAGEMENT OFFICE Southwestern University** 1001 University Ave. Georgetown, Texas 78626 Safety & Risk Management Office Recommendations: Date Received:

□ No

Generate work order? ☐ Yes

Accident Report Flowchart & Guide

