

Dear \_\_\_\_\_,

It is the policy of Florida International University to investigate all employee work related accidents, injuries and illnesses in order to identify causes and prevent recurrences. The information obtained from these investigations is used to improve work conditions and procedures. The following incident involving a member of your staff was reported to the department of Environmental Health & Safety as a work related injury/illness:

Employee's Name: _____	Employee I.D.#: _____
Date of accident: _____	Time of Accident: _____
Cause of Injury: _____	Place of Accident: _____
Type of Injury: _____	Property Damage: \$ _____
Body Part Affected: _____	Date Reported: _____

Further, we would like to remind you that an effective accident prevention program is based on developing safe working procedures, assuring competent job performance, by teaching procedures effectively, insisting that procedures are followed and sharing the facts about accident causes and preventive measures.

All training necessary for the job should be conducted at the time the employee is assigned his/her job tasks, when new equipment or processes are introduced, when procedures change or when job safety performance indicates the need for safety training or counseling. We strongly encourage you to assure that employees are properly trained and held accountable to follow safety procedures.

- Please respond in the appropriate manner to the item(s) checked below. *(Please visit our online form at [http://www.fiu.edu/~ehs/online\\_forms/investigation.html](http://www.fiu.edu/~ehs/online_forms/investigation.html))*
- Complete and submit the Accident/Injury Investigation Report online at the Department of Environmental Health & Safety website within 14 days of receipt. *(Click link above to fill out form now)*
- Second Notice: The Environmental Health & Safety Department has no record of having received a completed Accident/Injury Investigation Report. *(Click link above to fill out form now)*

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- The Accident/Injury Investigation Report received is incomplete. *(Send reply via email: [cruzma@fiu.edu](mailto:cruzma@fiu.edu))*

Please identify:

- The cause or circumstances leading to the injury.
- List all the corrective actions taken to prevent recurrence.
- Other: \_\_\_\_\_

Thank you for your cooperation and your commitment to the safety of the University Community.

Sincerely,  
EH&S Workers' Compensation Insurance Program Coordinator