**ACCIDENT/INJURY REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee Name | Street Address | | | | | City, State, Zip (Postcode) |
|  |  | | | | |  |
| Employee Hire Date | Employee Phone # | | | | | Friend/Relative Name and Phone # |
| Employee Department | Office Location | | | | | Are there other employees who do the same job?  Yes No |
| Does the employee speak English?  Yes No | If not, what language does the employee speak? | | | | | |
| Date and Time of Accident: AM/PM | Was the employee paid for the full day?  Yes No | | | | | Date you were first aware of the accident |
| Manager / Director Name and Phone # | | | Medical Facility | | | City, State, Zip (Postcode) |
|  | | |  | | |  |
| Was Employee treated at the Emergency Room  Yes No | | | | Was Employee hospitalized overnight?  Yes No | | |
| Description, extent of injuries, and body part affected | | | | | | |
| What was the employee doing at the time of accident and how did it occur? | | | | | | |
| Address and/or location where accident occurred | | | | | | |
| Machine, tool, or object that caused the injury | | | | | | |
| Safety equipment or instruction provided? | | | | | Was it being used? Yes No | |
| If this was an MVA, was the employee wearing a seat belt? Yes No | | Was a police report filed?  Yes No | | | | Were citations issued?  Yes No |
| Witness Name and Phone # | | Street Address | | | | City, State, Zip (Postcode) |
| **Injured Employee Signature** | | | | | | **Date** |
| **MANAGER / DIRECTOR ONLY** | | | | | | |
| Do you agree with the description given in the above report? Yes No | | | | | | |
| If no, please give the reason | | | | | | |
| Corrective action(s) taken | | | | | | |
| **Manager / Director Signature** | | | | | | **Date** |

*Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.*