

EMPLOYEE INCIDENT REPORT

Injured employee is to complete the first section of this report. Do not leave any section blank. Incident report must be submitted to your supervisor immediately, but not later than 24 hours after injury occurs.

INJURED EMPLOYEE _____ DATE OF BIRTH _____
ADDRESS _____ DATE EMPLOYED _____
_____ HOME PHONE _____
SOCIAL SECURITY NUMBER _____ MARITAL STATUS _____
NUMBER OF CHILDREN UNDER AGE 18 : _____
DATE OF INJURY: _____ TIME OF INJURY: _____ NORMAL STARTING TIME: _____
OCCUPATION: _____ DEPARTMENT: _____
WHERE WERE YOU WHEN YOU WERE INJURED? _____

WHAT WERE YOU DOING WHEN INJURED? (Be specific. If using tools or equipment or handling material - name them and tell what you were doing with them.) _____

WITNESSES: _____

HOW DID INJURY OCCUR? (Describe fully events which resulted in injury or disease. Tell what happened and how it happened. Name any objects or substances involved.) _____

NATURE AND LOCATION OF INJURY OR DISEASE: (Describe fully; include parts of body affected.) _____

ATTENDING PHYSICIAN AND/OR HOSPITAL WHERE TREATED: _____

ADDRESS OF PHYSICIAN OR HOSPITAL: _____

DATE COMPLETED _____ EMPLOYEE SIGNATURE _____

SUPERVISOR'S REPORT:

DATE NOTIFIED OF INJURY: _____

IDENTIFY ACCIDENT TYPE: _____

IDENTIFY ACCIDENT CAUSING CONDITION: _____

CORRECTIVE ACTION TAKEN: _____

RECOMMENDED CORRECTIVE ACTION: (in addition to above) _____

DATE COMPLETED _____ SUPERVISOR'S SIGNATURE _____

Use other side for additional comments.
INCIDENT REPORT MUST BE SUBMITTED TO THE PERSONNEL OFFICE WITHIN 24 HOURS OF THE TIME OF INCIDENT.