**Part I: Injured Employee Information**

**Date of Hire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employee (Last, First Middle):** | **Phone Number: (H):**  **(W):**  **(C):** | **Sex**:  Male  Female | |
| **Address:** | **Date of Birth:** | **Marital Status**:  Single  Married  Divorced  Widowed  **# of dependent children**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Social Security Number:** |
| **City/County and Zip Code where the accident Occurred:** | **Date of Injury:** | **Hour of injury:**  \_\_\_\_\_\_\_\_\_ AM/PM | |
| **Time Work Began:**  **\_\_\_\_\_\_\_\_\_\_ AM/PM** |
| **Date/injury or illness reported:** | **Person to whom reported:** | **Name of witness:** | |
| **Employee’s Description of Accident (i.e. Describe machine, tool, or object causing injury or illness and describe fully how the incident occurred):** | | | |
| **Injury Information (i.e. description of injury (burn, bruise, etc.):** | | | |
| **I certify that the information provided above is true and complete.**  **Employee Signature:** | | | **Date:** |

**Part II: Supervisor’s Investigation of the Incident**:

|  |  |
| --- | --- |
| **Describe any UNSAFE Acts:** | |
| **Describe any UNSAFE Conditions:** | |
| **Identify the Cause(s) of the Accident:** | |
| **Corrective Action Taken:** | |
| **Has it been done? If not, give reason.** | |
| **Was the accident/injury suspicious in nature? If so, please describe.** | |
| **Was the Panel of Physician’s List Provided to the Employee?**  Yes- Attach a copy to this report  No (explain why) | |
| **I certify that the information provided above is true and complete.**  **Supervisor’s Signature:** | **Date:** |

**Part III: Accident Analysis Details:**

**Severity of Injury/Damage**:

Fatality  Lost Workdays  Medical Treatment (off premises)  First Aid (On site)   
 Significant Property Damage

**Employment Category**:

Regular, Full-time  Regular, Part-time  Temporary  Contractor  Other: \_\_\_\_\_\_\_\_\_\_\_\_

**Time in Occupation at the time of the accident:**

Less than 6 months  6 months to 2 years  2 to 5 years  More than 5 years

**Work Shift at the time of the accident:**

Day Shift  Evening Shift  Night Shift

|  |  |  |
| --- | --- | --- |
| Prepared by: (Name & Title) | Work Phone #: | Date Report Prepared: |
| Reviewed by: (Name & Title) | Work Phone #: | Date Report Reviewed: |

**Follow – up Action:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_