

Non-Student Accident / Incident Report

General Information

Last Name: _____ First Name: _____ Middle Initial: _____
Home Phone: _____ Gender: *(circle one)* M / F
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Job Title: _____ Date of Hire: _____
Does employee work for another employer? *(circle one)* Y / N
If "Y" Please provide the following:
Name of Employer: _____ Address: _____

Accident Information

Date of Incident: _____ Time of Incident: _____ *(circle one)* AM / PM
Time Employee Begins work: _____ *(circle one)* AM / PM
Date Reported to Supervisor: _____ Supervisor's Name: _____
Did Employee miss any work other than the day of the injury? *(circle one)* Y / N
Witnesses Names _____

Describe the specific injury or illness *(e.g. second degree burn or toxic hepatitis):*

Describe the body part(s) affected *(e.g. lower right forearm):*

List all of the equipment, materials, or chemicals that were being used at the time of the incident *(e.g. acetylene torch):*

Specify the activity engaged in when the incident occurred *(e.g. cutting metal plate for flooring):*

Was this activity part of the normal job duties: *(circle one)* Y / N

Describe the sequence of events and include any objects or substances that directly caused the injury or illness
(e.g. worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against hot metal.):

Hospitalized overnight as inpatient? *(circle one)* Y / N Treated in an emergency room? *(circle one)* Y / N

Name of Health Care Provider: _____

Mailing address: _____ City: _____ State: _____ Zip Code: _____

Employee Signature _____

Date _____

Supervisor Approval

Supervisor Name *(please print)* _____

Supervisor Signature _____

Date _____

Supervisor Comments: _____
