EMPLOYEE REPORT OF ACCIDENT/INJURY

The employee must complete this report as soon as possible following an accident/injury. This report will be provided to the supervisor within 24 hours of the accident/injury.

Name: Date of Injury: Time of Injury: AM/PM

Employee #: Work Phone #: Home Phone #: Job #:

Address Where Injury Occurred: Drug Screen Completed: YES/NO

Foreman: Supervisor: Regional VP:

Witnesses (attach statement for each)

Name: Title: Phone Number:

Name: Title: Phone Number:

Incident Description:

Description of Injury:

What was the employee doing prior to injury?

How and where did the injury happen in detail?

Object, equipment, or substance, which caused injury:

Personal Protection Equipment Used:

☐Foot Protection ☐Eye Protection ☐Fall Protection ☐Respiratory Protection

☐Hard Hat ☐Gloves ☐Sleeves ☐None ☐Other: ___________________

Choose factor (s), which directly or indirectly caused the accident to occur:

☐Struck by Flying/Thrown Object ☐Caught in/Under/Between Objects ☐Temperature Extremes

☐A Fall ☐Struck by an Object/Person ☐Rubbed or Abraded by Object

☐Bodily Reaction ☐Electric Shock ☐Struck Against Object

☐Blood/Fluid Exposure ☐Noise Exposure ☐Repetitive Motion

☐Vehicle/Equipment Accident ☐Toxic Material Exposure ☐Other-Describe___________________

Nature of Injury:

☐Head ☐Trunk ☐Digestive ☐Eye (s) R L B ☐Wrist(s) R L B ☐Ankle(S) R L B

☐Neck ☐Abdomen ☐Respiratory ☐Shoulder(s) R L B ☐Finger(s) T I M R P ☐Foot/Feet R L B

☐Chest ☐Groin ☐Circulatory ☐Arm (s) R L B ☐Hip(s) R L B ☐Toe(s) R L B

☐Back ☐Skin ☐Hand (s) R L B ☐Other-Describe:

Medical Treatment:

☐No Treatment ☐First Aid ☐Medical Clinic ☐Emergency Room ☐Declined Treatment

PLEASE ATTACH PICTURES TO REPORT

Continued

Corrective Action Taken:

Was the condition above corrected (how)?

What is recommended to prevent this type of incident/accident from occurring again?

Was a stand down safety meeting conducted with crew? YES NO

Provide in detail items covered in stand down safety meeting:

Action to be Taken:

☐Verbal ☐Written ☐Probation ☐Suspension ☐Dismissal ☐Information Only ☐Other___________________________________

Comments:

By signing this document, you acknowledge that you have read and understand the information contained herein.

Employee's Signature:	Title:	Date:
Supervisor's Signature:	Title:	Date: