

RECORD OF ACCIDENT OR INJURY

Name of Individual Injured _____

Employee

Student

Visitor

Home Address _____

Phone _____

Department/Division (if employee) _____

Job Title (if employee) _____

Date of accident _____ Time of accident _____

Location of accident, injury or exposure _____

Describe fully the events which resulted in the accident, injury or exposure. (Attach additional sheets if necessary.) _____

Describe any tools, equipment, substances, machinery, etc, the individual was using when the accident, injury or exposure occurred. _____

Describe the nature and severity of injuries. _____

Give names and addresses of witness to the accident or injury.

Did the injured individual receive medical treatment? YES NO

If yes, provide the name and address of hospital or physician treating the individual or employee. _____

Was the individual transported to physician or hospital by (circle one) ambulance, other individual or employee, the individual or employee himself/herself.

If transported by individual or ambulance, give name, address or identifying information.

Report prepared by _____

Title _____ Date _____

Distribution: Original to Human Resources and keep a copy for your records.