Employee's Report of Injury

(To be completed by the employee only.)

Employee's name: Chango, Bridgetta A. (Last / First / Middle) Male__ Female X

Date of birth: 06/13/88 Home telephone # (727.831.0146

Home address: 3018 Carolina Ave

City: Clearwater State: FL Zip Code 33759

Present classification: Solutions Center Lead How long employed here: 4 years

Social Security No.: 591-74-5440 Weekly salary: _____

Location of accident: 6303 126th Ave N, Largo, FL 33773 (Address) stair well (Area (loading dock, bathroom, etc.))

Date of accident: January 21, 2016 Time of accident: approx 1:10

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Went downstairs to go to lunch. There was a gentleman who needed help finding where to go for an application so I assisted him. Went down stairs again to leave and tripped on the second to last step on the second section of stairs.

Describe bodily injury sustained (be specific about body part(s) affected):

rolled/twisted ankle on left foot- started swelling almost immediately.

Recommendation on how to prevent this accident from recurring: _____

Name of supervisor: Newton, Tim Phone# 727.538.5577 ex 333

Name(s) of witness(es): Stephanie DesRochers, witnessed immediate affects, not actual incident Phone# 727.538.5577 ex 339

When did you report the accident to your supervisor? reported to HR 01/21/2016

To whom did you report the injury? Barbara Walters

Do you require medical attention? Yes: X No: _____ Maybe: _____

Name of your treating physician: _____ Phone# _____

Signature of employee: _____ Date: 01/22/2016

Accident Witness Statement

(To be completed by accident witness)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Ph# _____

Job title of witness: _____ How long employed here?_____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of accident: _____
Address/Name of building Area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

_____

_____

_____

_____

_____

Describe bodily injury sustained (be specific about body part(s) affected): _____

_____

_____

Recommendation on how to prevent this accident from recurring:_____

_____

Name of Witnesse's Supervisor: _____ Ph#_____
Last First

Signature of Witness: _____ Date: _____

Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Location where accident occurred		Employer's Premises: Yes ☐ No ☐ Job site: Yes ☐ No ☐	Date of accident or illness
Who was injured?		☐ Employee ☐ Non-Employee	Time of accident a.m. ☐ p.m. ☐
Length of time with firm	Job title or occupation	Name of dept. normally assigned to	How long has employee worked at job where injury or illness occurred?
What property/equipment was damaged?			Property/equipment owned by:
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?			
How did injury/illness occur? List all objects and substances involved.			
Part of body affected/injured?		Any prior physical conditions? If so, what? Yes ☐ No ☐	
Nature and extent of injury/illness and property damaged (be specific)			

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

____ Failure to lockout	____ Improper maintenance	____ Poor housekeeping
____ Failure to secure	____ Improper protective equipment	____ Poor ventilation
____ Horseplay	____ Inoperative safety device	____ Unsafe arrangement or process
____ Improper dress	____ Lack of training or skill	____ Unsafe equipment
____ Improper guarding	____ Operating without authority	____ Unsafe position
____ Improper instruction	____ Physical or mental impairment	____ Other _____

Supervisor's corrective action to ensure this type of accident does not recur: _____

_____

_____

_____

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? ... Yes ___ No ___

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? ..... Yes ___ No ___

Did employee promptly report the injury/illness? ..... Yes ___ No ___

Is there modified duty available? ..... Yes ___ No ___

Supervisor's name	Supervisor's signature	Phone#	Date