



Employee Accident Report

Employee Name:			Date of Birth:
_____	_____	_____	____/____/____
<small>Last</small>	<small>First</small>	<small>Middle</small>	

Home Address		Phone #:
_____		____-____-____
City	State	Zip Code
_____	_____	____-____-____

ACCIDENT INFORMATION

Time shift began:		Date of accident:	Time of accident:
Time shift was to end:		Time accident reported to supervisor:	
Venue:	Will you be missing the remaining days on the call?		Will you be missing / declining future calls?
Area of accident:	_____		
Describe how the accident occurred: (Please be as specific as possible)			

Describe bodily injury sustained: (Please be as specific as possible)			

Did you receive first aid on site?	What first aid treatment did you receive?	Who administered treatment?	
_____	_____	_____	
Recommendation on how to prevent this injury from recurring:			

Have you previously filed a work comp claim?	Body part affected:	Date of claim:
_____	_____	_____
Name of Supervisor:		

Name of Witness:		

Employee signature:		Date:
_____		_____

ONCE FORM IS COMPLETED FAX TO: (801)328-1307 or E-MAIL: tyler @ utpgroup.com



Supervisor's Accident Report

Location where accident occurred:	Venue: Load in: Load out:	Date of accident:
Was injury promptly reported?		Time of accident: am <input type="checkbox"/> pm <input type="checkbox"/>
Who was injured?	Was first aid provided? By whom? Phone #	Time shift began: Time shift was to end:
What was employee doing when injury/illness occurred?		
How did injury occur? (Please be as specific as possible)		
Additional information you would like to add concerning the injury:		
Part of body affected/injured: Any prior physical conditions?	What equipment was involved and/or damaged?	
Nature and extent of injuries: (Please be as specific as possible)		

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

<input type="checkbox"/> Failure to lockout <input type="checkbox"/> Failure to secure <input type="checkbox"/> Horseplay <input type="checkbox"/> Improper dress <input type="checkbox"/> Improper guarding <input type="checkbox"/> Improper instruction	<input type="checkbox"/> Improper maintenance <input type="checkbox"/> Improper protective equipment <input type="checkbox"/> Inoperative safety device <input type="checkbox"/> Lack of training or skill <input type="checkbox"/> Operating without authority <input type="checkbox"/> Physical or mental impairment	<input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Poor Ventilation <input type="checkbox"/> Unsafe arrangement or process <input type="checkbox"/> Unsafe equipment <input type="checkbox"/> Unsafe Position <input type="checkbox"/> Other	
Supervisor's corrective action to ensure this type of accident does not recur:			
Supervisors Name	Supervisors Signature	Phone #	Date

Witness Statement

Name:	Phone #:	Date:
Describe fully how accident occurred: (Please be as specific as possible)		
Signature		

UTP Productions, Inc

STEWARD ACCIDENT CHECKLIST

Savannah Intl. Trade & Convention Center

- ☐ **Provide first aid if trained person is available.**
- ☐ **Send injured worker to an approved medical treatment facility. The approved medical facility for Savannah Intl Trade & Convention Center is Concentra Medical Center 109 Minus Avenue Ste. C10, Garden City (912 966-5445). If the injured employee requires emergency care go to the nearest hospital emergency room or call 911.**
- ☐ **The Employee must fill out the First report of injury or illness form, and fax to the UTP Group office (801 328-1307). This includes documented incidents that may not require immediate medical attention. All reports must be received within 24 hours of the incident.**
- ☐ **Contact Lonnie Harkness (801 918-1121) of UTP Productions and leave a detailed message of the injury and Butch Allen at (407 257-1647). Provide return contact information and phone number.**
- ☐ **Investigate the accident scene – provide detailed description of accident and equipment involved.**
- ☐ **Provide witness statements and any environmental factors contributing to the accident.**
- ☐ **Once information is gathered UTP Productions will file the accident claim with the Insurance Carrier.**
- ☐ **The Hartford Insurance Policy #21WBN02622**
- ☐ **Other important phone numbers**
IATSE Local 320 912 507-8558
UTP Productions 801 328-1298
Julie Vigos
Administrative Asst.
Email: julie@utpgroup.com