



## Employee Accident Report

Employee Name:			Date of Birth:
Last	First	Middle	/ /
Home Address			Phone #:
			SSN: — —
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: <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	
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:		What equipment was involved and/or damaged?	
Any prior physical conditions?			
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](mailto:julie@utpgroup.com)**