



## Accident Reporting Form

Urgency Level

Urgent = sent employee straight to ER

Nonurgent - sent employee to HR

First Aid - Bandaged and back to work

Employee Name \*

First and last name

Job Title \*

Date/Time of Injury \*

Name of Lead \*

Date/Time Lead Notified \*

Department or Location of Accident \*

Part of Body Affected \*

Type of Illness/Injury (cut, strain, etc) \*

Specific Activity/Work Process at Time of Occurrence \*

What happened \*

Describe the sequence of events and include any object or substance that directly injured the employee or made the employee ill.

List all equipment, materials, or chemicals employee was using \*

Name(s) of Witness(es)

List people who saw the accident happen.

Did Employee Seek Medical Treatment \*

Yes

No

Physician/Health Care Provider

Name, Address, phone number fill if urgent care provided

Were Safeguards or Safety Equipment Provided? \*

Yes

No

Were Safeguards or Safety Equipment used? \*

Yes

No

Name of person completing form \*

First and last name

Reviewed by HR

HR will check once completed

Is Worker Comp form required to be sent to insurance company?

Completed by HR