# **Employee Accident Report Form**

4000 1234 5678 9012,

**Any employee must notify their supervisor of any work-related injury or occupational illness so an accident investigation can be done to correct the issue if applicable. Employee is to complete this form with their supervisor for collection and reporting of data associated with a work-related injury or occupational illness.**

**Supervisor or department representative is to forward this report to Human Resources immediately so that Human Resources can complete and file the First Report of Injury with the insurance carrier.**

**After filling out this report, the employee is to contact Karyn Jeffrey in Human Resources for additional information regarding workers’ compensation.**

## **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **Employee information:**

|  |  |
| --- | --- |
| Employee’s name |  |
| Supervisor’s name |  |
| Date of injury/illness |  |
| Time of injury/illness |  |
| Start time on date of injury/illness |  |
| Current position |  |
| Current position’s hours per week |  |
| Name of witness |  |
| Contact number of witness |  |

**List illness or body parts injured and current symptoms:** **Indicate on the diagram the location of the injury:**

|  |
| --- |
|  |

front back

**List any prior medical issues you have that may be related to injury/illness:**

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**Do you plan to seek medical care?**

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| --- |
|  |

If so list the provider and their address:

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| --- |
|  |

**Did injury/illness cause loss of work time? If so list date(s) and hours lost:**

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| --- |
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**Exact location of the accident:**

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| --- |
|  |

**Describe in detail the job being done prior to the accident and how the injury/illness occurred (include any equipment or items involved):**

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| --- |
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**Was Personal Protective Equipment properly used?**  Yes No N/A

**Please share any comments or ideas on how this accident/illness could have been prevented:**

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| --- |
|  |

PENALTY FOR FRAUD: Fraud is when a person deliberately misrepresents or fails to disclose information about an important fact to receive benefits to which he or she is not entitled. Carleton has zero tolerance for fraud and will actively pursue an offender.

**By my signature, I certify that all the above statements are true and accurate.**

Employee’s Signature: Date:

**Additional Comments Provided by the Director of Environmental Health & Safety (EHS) Compliance:**