**TO:** Greta Schafer, Administrative Office Specialist

**FROM:** George Tillman, Director of Human Resources

**DATE:** August 16

**RE:** Accident Report Form

Here is the information for the new accident report form.

*The following paragraph must be used:*

This accident report must be used to document all work-related accidents that result in either minor or major injury. If the injury requires *any* medical treatment, including first-aid, this report must be completed by the supervisor and returned to Human Resources.

*Include space on the report form to include the following information:*

Name and Job Title of the employee

Department:

* Accounting
* Administration
* Customer Service
* Human Resources
* Information Technology
* Production
* Sales

Date and Time of Accident

Describe the Accident

Did you provide first-aid to the employee?

Did the employee require additional treatment?

If yes, where did you send the employee for additional treatment?

Choose from: Gulf Health Center, Personal Physician, Local Hospital

There must be a place for the supervisor to sign and date the form.