



Accident Injury/Occupational Illness Report

Complete this report within 24 hours of accidental injuries or occupational illnesses/exposures.

(Please Print)

Name: _____

Address: _____

Telephone: _____

ID #: _____

Injury Date: _____

Time of Injury: _____ AM / PM

☐ Male ☐ Female
date: _____

☐ Employee ☐ Student Worker

☐ Volunteer ☐ Student

Position: _____

Department: _____

Campus Telephone: _____

Supervisor: _____

Hire date: _____

Birth

Exact location of accident/exposure: _____

Describe accident/exposure in full detail (what, how, where, machinery, etc, involved): _____

To whom did you report this?: _____ Date: _____ Time: _____ AM / PM

List any witnesses: _____

Part(s) of body affected (be very specific): _____

Will you seek medical treatment? ☐ Yes ☐ No If yes then answer the following:

Physician/Hospital name: _____ Tel. #: _____

Treatment involved: _____

Was injury caused by an unsafe act (activity/movement) or an unsafe condition (machinery, weather)? Please explain:

What could be done to correct this? _____

SIGNATURE: _____ DATE: _____

RETURN TO: Your Supervisor FOR: Employee & Student Worker
-OR-
Student Life (Copy to Environmental Health & Safety) FOR: Student (Non-Worker)



12/01

Supervisor's Accident Report

(Please Print)

Employee's name: _____ Department: _____

Exact Location of accident/exposure: _____ ☐ Same as employee report

Date and time reported to you: _____ ☐ Same as employee report

Names of witness(es) interviewed: _____

Actions, events, or conditions which contributed to the accident: _____

Will employee miss work? _____

Recommendations for prevention and follow-up: _____

Supervisor's signature: _____ Date: _____

Supervisor's title: _____ Campus Extension: _____

Environmental Health and Safety Report

☐ Not required/applicable

Actions, events, or conditions which contributed to the accident: _____

Individuals contacted: _____

Corrective action taken: _____

Recommendations for prevention, follow-up, or training: _____

Recordable/Non-Recordable/Time Loss: _____

EH&S Signature: _____ Date: _____

RETURN TO:

Environmental Health and Safety, AD Box 80

