



## Accident Report for Workplace Injuries

<i>Information of Injured Person</i>			
Name:	Tel. #	DOB:	
Street:	City:	State:	Zip:
Status: (circle one) Employee   Student Worker   WU Volunteer	___ Male ___ Female	Date of Hire:	
Title:	Department:		
<i>Accident Information</i>			
Exact location of accident/exposure:			
Date of injury:	Time of injury:	AM / PM	Was there a fatality? ___ No ___ Yes
What were you doing just before the accident?			
Describe the accident/exposure in full detail (what, how, where, equipment involved, etc.)			
Part of body that was injured and nature of the injury (be as specific as possible).			
Names of Witnesses:			
Measures recommended to prevent a similar accident:			
<i>Medical Treatment</i>			
Did you seek medical treatment? ___ No ___ Yes <i>If yes, please answer the following questions.</i>			
Treated at an ER or urgent care? ___ No ___ Yes	Hospitalized overnight as an in-patient? ___ No ___ Yes		
Name of physician and facility:			Tel. #
Street:	City:	State:	Zip:
Signature:			Date:
<b><i>Review this form with your supervisor immediately; supervisor must submit to Human Resources within 24 hours of the accident.</i></b>			



## Accident Report - Supervisor's Report of Injury

<i>Employee Information</i>	
Employee's Name:	Department:
<i>Accident Information</i>	
Exact location of accident/exposure:	
Date of injury:	Time of injury:      AM / PM <input type="checkbox"/> Check if exact time cannot be determined
Time employee began work:      AM / PM	Did employee leave work to seek medical treatment?    ___ No    ___ Yes
Did employee return to work?      ___ No    ___ Yes	Time (if same day):      AM / PM
Actions, event, or conditions which contributed to the accident:	
Recommendations for prevention and follow up:	
Supervisor Signature:	Date:
<b><i>Submit both employee &amp; supervisor accident report forms to Human Resources within 24 hours of the accident.</i></b>	

### For Human Resource Use Only

Date Received:	Case number from OSHA 300 log:
Date of employee death if a fatality occurred:	
<b>Human Resources must notify the Department of Labor and Industries within 8 hours of a work-related fatality; a work-related inpatient hospitalization of one or more employees; all work-related amputations; and all work-related losses of an eye.</b>	