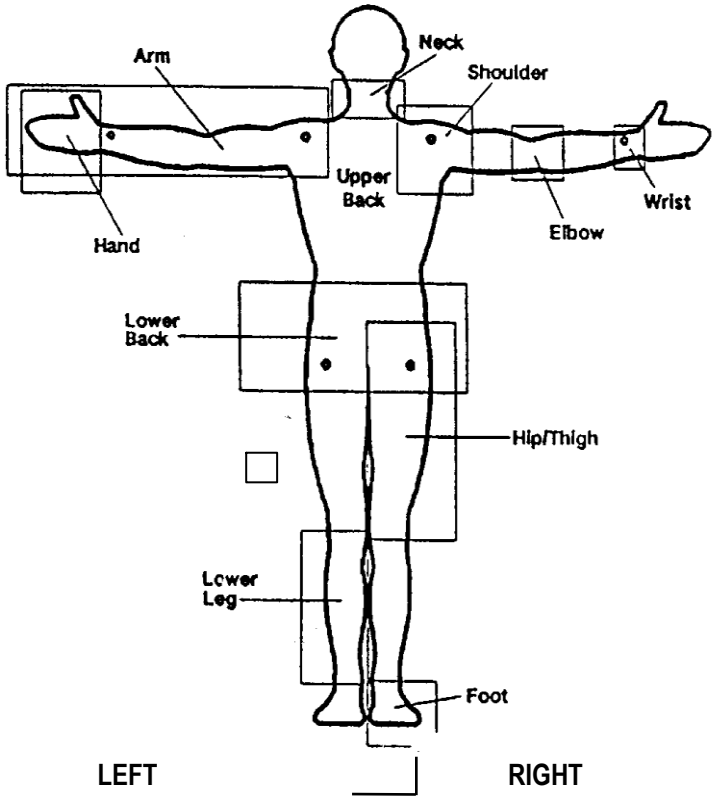
Employee Accident Report

Name: _____ **Program/Job Title:** _____
Accident Occur on Agency Premises: ☐ Yes ☐ No Accident Location: _____
Date of Injury: _____ Time: _____ ☐ am ☐ pm Sex: ☐ F ☐ M
Date Reported: _____ Witnesses: _____

Accident Description: _____

Injured Area	Indicate Area of Injury	Type of Injury
1 ☐ Head 2 ☐ Eye: L/R 3 ☐ Shoulder L/R 4 ☐ Arm L/R 5 ☐ Elbow L/R 6 ☐ Wrist L/R 7 ☐ Hand L/R 8 ☐ Finger: Specify_____ 9 ☐ Back 10 ☐ Chest 11 ☐ Abdomen 12 ☐ Pelvis 13 ☐ Hip L/R 14 ☐ Leg L/R 15 ☐ Knee L/R 16 ☐ Ankle L/R 17 ☐ Foot L/R 18 ☐ Toe: Specify _____ 19 ☐ Other: _____ _____		1 ☐ Abrasion 2 ☐ Amputation 3 ☐ Bite: _____ 4 ☐ Bruise 5 ☐ Burn 6 ☐ Concussion 7 ☐ Cut/Laceration 8 ☐ Foreign Body 9 ☐ Fracture 10 ☐ Hearing Impaired 11 ☐ Infection 12 ☐ Pain: _____ _____ 13 ☐ Puncture 14 ☐ Rash/Dermatitis 15 ☐ Respiratory 16 ☐ Strain/Sprain 17 ☐ Other: _____ _____

Did injured employee miss work? ☐ Yes ☐ No Dates: _____

Form Completed by: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

Investigation Report

Cause Of Accident:	Source
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1 ☐ Bitten by: Human/Animal 2 ☐ Caught Between/In/On 3 ☐ Contact by or with Chemical/Electricity/Other 4 ☐ Equipment Involved: _____ 5 ☐ Exposure to: _____ 6 ☐ Fall/Slip/Trip: _____ 7 ☐ Falling/Flying Object 8 ☐ Handling Materials 9 ☐ Standing on: Ladder/Step Stool/Chair 10 ☐ Struck by: _____ 11 ☐ Vehicle Accident: _____ 12 ☐ Other: _____
Corrective Action:	**Action Taken**
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1 ☐ House Keeping Improved 2 ☐ Office Arrangement Changed 3 ☐ Safety Equipment Purchased 4 ☐ Replace Furniture or Equipment 5 ☐ Training for Employee 6 ☐ Maintenance & Upkeep Plan 7 ☐ Safety Committee Referral 8 ☐ Other: _____ 9 ☐ Other: _____ 10 ☐ Other: _____ 11 ☐ Other: _____

Person responsible for corrective actions: _____

Target Completion Date _____ Date Corrective Actions Completed: _____

Signature of person responsible for corrective actions: _____

Additional Follow up Needed? ☐ Yes ☐ No

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