

WORK RELATED ACCIDENT REPORT

INSTRUCTIONS

1. Completely fill out this form for all job related injuries and property damage accidents
2. Call the home office to report the accident.
3. If Possible, the supervisor and the injured employee should sign the form.
4. Forward two (2) copies of the form to the home office within 24 hours.
5. If the company is liable, then instruct everyone to send all bills to the home office.

INFORMATION ABOUT THE INJURED:

Name: _____ Length of Employment: _____

Home Address: _____ Age: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Sex: Male Female

Home Phone No.: _____ Cell Phone: _____ Marital Status: Married Single

Soc. Sec. No.: _____

Job Title: _____ No. of Dependents: _____

FATALITY? YES NO

WILL EMPLOYEE BE OFF FROM WORK? NO YES HOW LONG? DAYS

INFORMATION ABOUT THE ACCIDENT:

Date and Time of Accident: _____ Date Reported: _____

Job Name: _____ Job No.: _____ Supervisor: _____

Address: _____ City: _____ State: _____

DESCRIBE NATURE OF INJURY AND/OR PROPERTY DAMAGE:

DESCRIBE WHAT HAPPENED AND PROBABLE CAUSE OF ACCIDENT:

NAME OF PHYSICIAN OF HOSPITAL WHERE TREATMENT WAS SOUGHT:

NAMES OF WITNESSES

HOME PHONE NUMBER OF WITNESSES

Injured Employee's Signature

Supervisor's Signature