

APPENDIX 6
EMPLOYEE ACCIDENT REPORT

Part I. Injured Employee's Statement:

I, _____, certify that on _____, 2__ at ____ AM/PM, I sustained an injury to my *(part of body)* _____ which occurred as follows:

(Describe the accident in detail, stating part or parts of body injured.)

Have you had any previous accidents? YES/NO If yes, when? _____

Occupation: _____ Age: _____

Where did accident occur? _____

Name of witnesses: _____

To whom did you report the accident? _____

Date and Time Reported: _____

Date of this Report: _____

Signature of employee: _____

Address: _____

Part II. Department Head Report:

Nature of Injury: _____
(state employee's complaints and part of body injured)

Employee sent to: _____
(state name and address of doctor and/or hospital)

Did employee report back to work? YES/NO Date returned to work: _____

Department Head/Date