

ACCIDENT / INCIDENT / INJURY / ILLNESS REPORT

Full name: _____
(please print)

Date of Occurrence: _____ Time: _____

Describe the incident in detail: (what, how, contributing factors)

What was the injury or illness? (what part of the body was affected)

Was treatment given away from the worksite? _____ If so, where was it given? _____

Attending Physician or Health Care Professional _____

Are you able to resume your work activities? _____ If no, report circumstances and your absence to the general manager.

Injury or illness resulting in time lost from work or a possible workman's compensation claim must be reported to general manager, within 10 days, who will handle the claims process

Reported by: _____
Employee Supervisor if applicable

Employee signature: _____ Date: _____

Complete send to main office. To be filed in employee personnel file

I have received a copy of the Accident / Incident / Injury / Illness Report. This form was explained to me by the safety director and I understand its purpose and that the forms are available at each branch or the main office when needed.

Employee: _____ Date: _____

I have received a copy of the Accident / Incident / Injury / Illness Report. This form was explained to me by the safety director and I understand its purpose and that the forms are available at each branch or the main office when needed.

Employee: _____ Date: _____