## **TEACHERS COLLEGE** EMPLOYEE ACCIDENT REPORTING FORM

Instructions: This form is to be completed immediately by the <u>Supervisor</u> for all employee accidents and forwarded to Human Resources. <u>Complete as much information as possible - don't hold off reporting</u>.

Name:	Date and Time of Incident: /
Department/Divisior	where employee works:
Witness:	Telephone #
Home Address:	
Witness Statement:	
Witness Signature	Date
FACTS OF AC	CIDENT
Horace M Residential Halls	ann Hall 🗍 Thorndike Hall 📄 Macy Hall 📄 Grace Dodge Hall 📄 Russell Hall
Exact physical loca	ation of the incident: (be specific i.e., North staircase 2 <sup>nd</sup> floor, outside room 309, etc):
What was staff mer	nber doing and how did incident occur: (What objects, substances, equipment or people were involved?)
What were the cont	ributing factors or conditions?
If slip/fall incident	describe employee footwear:

If injured, describe nature of injury and body part affected:

## TREATMENT

Where was treatment provided? First Aid Hospital Emergency Room

If treated by hospital, please list hospital name, telephone number, and address:

Did employee leave work early day of incident? Yes No If yes, how many hours?

If known, please list dates of work days employee is expected to lose:

## PREVENTION AND CORRECTIVE ACTION

In this situation, what can be done to prevent future accidents/incidents from occurring again? (Changes or improvements in equipment, procedures, personal protective equipment, additional training, etc.)

Type of corrective action initiated and date (including discipline if appropriate):

**EMPLOYEE COMMENTS:** 

## I UNDERSTAND THE ACTIONS THAT I CAN TAKE TO PREVENT REOCCURENCE OF THE INCIDENT.

Employee Signature

Date \_

SUPERVISOR COMMENTS:

Supervisor Signature \_\_\_\_

Date \_\_\_\_\_

Please be sure to complete all known information but don't hold these reports. Send report to Human Resources as soon as possible.