(Supervisors must report all accidents involving an injury to an employee)

Name of Injured Employee:_____

Address:_____

City:_____State:_____Zip:_____

Date of Birth: ____/____/_____

Classification Title:_____ Department:_____

Length of Service with County:_____

Date of Accident:_____ Time employee began work:_____am/pm

Time of Accident:_____am/pm Location:_____

Who Advised you of Accident?_____ When?_____

Description of Incident:_____

_____

Nature of injury and part of body involved:_____

_____

Was any protective equipment being used? If yes, what type?_____

_____

What job was the employee performing when he/she was injured?_____

_____

What object or substance directly harmed the employee?_____

_____

Were any safety rules violated? (Please explain):_____

_____

What safeguards may be used to prevent similar incidents?_____

_____

Was any first aid provided at the scene of the accident by any employee or person licensed to practice medicine? [ ] Yes [ ] No

Did the employee see a doctor about the accident? [ ] Yes [ ] No

If yes, name of doctor:_____

Address:_____ Telephone:_____

Was the employee treated in an emergency room? [ ] Yes [ ] No

Was the employee hospitalized overnight as an in-patient? [ ] Yes [ ] No

Did the employee report to work the next scheduled day? [ ] Yes [ ] No

If the employee died, when did death occur? Date of death _____/_____/_____

Names and addresses of witnesses to incident:

_____

_____

_____

I have completed this report and it is correct to the best of my knowledge.

Completed By:_____

Title:_____

Phone (_____)_____

_____ _____/_____/_____

Signature of Person Completing Report Date

I have completed this report and it is correct to the best of my knowledge.

_____

Employee's Signature

This form, completed and signed by appropriate parties must be submitted to the Appointing Authority within 48 hours of the incident.

_____ _____

Signature of Appointing Authority Date

*A copy of this form must be submitted to the Safety/Loss Coordinator within twenty-four (24) hours following the accident or injury.