

# EMPLOYEE AND SUPERVISOR STATEMENT OF ACCIDENT/INJURY

LOG# \_\_\_\_\_

## Part One: EMPLOYEE INFORMATION

Social Security Number		Date of Injury		Employee Name (Last, First, MI)	
Street Address		City		State	Zip Code
Date of Birth	Sex ( ) Male ( ) Female		Telephone Number ( ) ( ) ( )		
Tax Filing Status: ( ) Single ( ) Single, Head of Household ( ) Married, Filing Joint ( ) Married, Filing Separate				No. of Dependents	
Date of Hire	Occupation	Days Off	Shift (start-end)	Time of Injury	
Did you seek immediate medical attention? If so, where was treatment sought? ( ) YES ( ) NO			Location/Dept./Area where the injury occurred (BE SPECIFIC)		

## Part Two: EMPLOYEE'S DESCRIPTION OF ACCIDENT/INJURY

Describe in your own words, what you were doing at the time of the incident. (BE SPECIFIC)

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What part(s) of your body were injured? (BE SPECIFIC, INDICATE LEFT/RIGHT)

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Were there any witnesses? ( ) YES ( ) NO If yes, please indicate names.

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\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part Three: SUPERVISOR'S REPORT OF ACCIDENT/INJURY

Description of accident/injury: (If you didn't witness, when were you made aware and what do you know about the incident?)

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Supervisor Name (Print and Sign) \_\_\_\_\_ Telephone Extension \_\_\_\_\_ Date \_\_\_\_\_