

INCIDENT REPORT
Accident or Injury

Employee/Guest Information

Department: _____

Name _____ Job Title _____
Last First MI

Injury Details

Description of Injury (be specific) _____

Cause of Injury (be specific) _____

Part(s) of Body Injured _____

Accident Details

Time of Accident / Injury _____
Date Day of Week Exact Time

Location of Accident (be specific) _____

Activity of Injured Person at Time of Accident / Injury (be specific) _____

Treatment Provided (be specific) _____

Was outside EMT or hospital transport required? yes no (If yes, give name of the outside facility utilized) _____

Was a member of the SMCCEC notified? yes no (If yes, who was it?) _____

Insurance Notification

Was an accident report forwarded to Gallagher-Bassett? yes no (If yes, by whom and date) _____

If no, why not? _____

Signature

Report prepared by (name and title) _____ Date of Report _____

Supervisor's signature _____ Date _____

Distribution – 1 copy each

Employee's department head

Human Resources – personnel file

Facilities and Risk Management