EMPLOYEE'S REPORT OF ACCIDENT

ALL OF THIS INFORMATION IS VERY IMPORTANT

TO PROCESS YOUR WORK INJURY.

If this is a significant injury, call Human Resource Office immediately at **X53675**

Employee Information:

Personal ID# _____
First Name _____
Last Name _____
Date of Birth _____
Payroll Tax State _____
Gender: Male _____ Female _____
Marital Status: Married _____ Single _____
Number of Dependents _____ Age _____
Mailing Address _____
City/State/Zip _____
Cell Phone _____

Work Information

Job Title _____
Department _____
Supervisor _____
Department _____
Date of Hire _____
Hrs. work/day _____ week _____

Injury Information

Date of Injury _____ Time _____ am/pm
Date injury reported to supervisor _____
Lost time from work Yes ☐ No ☐
If yes, give dates you were off work _____
Give return to work date _____

Was the required safety gear used (e.g., goggles, gloves, shoes, etc.)? Yes _____ No _____

Description (Please be specific & detailed)
Location of injury (area in which injury occurred, e.g., Seasiders by cashier.)

_____
_____

What was employee doing when injured?

_____
_____

What was the direct cause of the injury?

_____
_____

Check specific body part injured:

R arm _____	R hand _____	R shldr _____	R eye _____
L arm _____	L hand _____	L shldr _____	L eye _____
R leg _____	R foot _____	R knee _____	Head _____
L leg _____	L foot _____	L knee _____	Torso _____
			Back _____

Other: _____

Type Of Injury:

Cut _____ Burn _____ Slip/Fall _____ Sprain/strain _____

Did you see a doctor for this injury?
Yes _____ No _____
If yes, when? _____
Name of attending physician _____
Did injury require sutures or other medical attention?
Yes _____ No _____

Medical Information Authorization

I hereby authorize the release of complete medical records and X-rays regarding said injury above that are in the possession of the attending physician/hospital concerning any and all medical history of treatment rendered by the attending physician/hospital, and any other in- formation specifically requested, to be sent to the Brigham Young University Hawaii Human Resource office, Box 1969, 55-220 Kulanui St., Laie, HI 96762. A photocopy of this authorization shall be accepted as granting the same authority as the signed original document.

Employee's Signature _____ Witness Signature _____
Date *If other than Supervisor*

_____ _____
Date accident was reported to supervisor *Supervisor's Signature*

_____ _____
Supervisor's extension *Risk Management Signature*

All work related injuries MUST be reported to the Human Resource Office within 24 HOURS.
If you have any questions regarding this report, please contact Human Resources at X53675.
Make a copy of this report for your department and submit the original to Human Resources.

FACTS OF THE ACCIDENT

(Supervisor's Report of Accident)

Employee Information:

Employee Name: _____

Job being performed at the time of the accident: _____

Immediate Supervisor's name: _____

Supervisor Email: _____

Location of accident: _____

Date and time of accident: _____

Witnesses of accident: _____

Precise Detail of accident: _____

_____

_____

_____

_____

_____

What could have been done to prevent the accident? _____

_____

_____

_____

_____

_____

Was the accident investigated? If yes, by whom? _____ _____Yes _____No (Please submit a copy of the report)

Has the employee had a similar injury? _____Yes _____No

If yes, give a date. _____

Was employee taken to an emergency room? _____Yes _____No

Has the employee returned to work full duty? _____Yes _____No

Have you received a doctor's note returning the employee to full-duty? _____Yes _____No

What corrective measures, if any, have been made? _____

_____

_____

Note: It is very important that if you were seen by a doctor that you have a doctor's note releasing you to work on full or light duty. Supervisor, any injured employee who has been seen by a doctor for a work-related injury may not return to work without a return to work slip. It is important that this work slip is turned into the Human Resource office. Contact the Human Resource office for further information at X53675.