



**FAX COPY TO 284-3405**

8) ACCIDENT DESCRIPTION (continued)

C) **Body Part Affected:** \_\_\_\_\_ CIRCLE ONE: a) LEFT    b) RIGHT    c) DIGITS: 1 2 3 4 5  
d) UPPER    e) LOWER

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> UNSAFE ACT       | <input type="checkbox"/> FAULTY EQUIPMENT          | <input type="checkbox"/> LACK OF ATTENTION |
| <input type="checkbox"/> UNSAFE CONDITION | <input type="checkbox"/> INHERENT RISK OF ACTIVITY | <input type="checkbox"/> IMPROPER TRAINING |
| <input type="checkbox"/> ACT OF GOD       | <input type="checkbox"/> UNDER INVESTIGATION       | <input type="checkbox"/> MEDICAL CONDITION |

Other (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9) Was protective equipment available to employee?  Yes     No  
10) Was protective equipment being worn at the time of the accident?  Yes     No  
11) Was accident preventable?  Yes     No  
12) Has this accident been reported to the Risk Management Department?  Yes     No  
13) Describe how the accident happened (print legibly):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accident Prevention:

14) Has correction action been taken to prevent this accident from reoccurring?  
 Yes  No If yes, describe action. If no, explain why no action has been taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Information:

- 15) Was FIRST AID given?  Yes  No If yes by whom: \_\_\_\_\_  
16) Did employee require MEDICAL TREATMENT. If yes, name of hospital and attending physician: \_\_\_\_\_  
17) Date returned to work: \_\_\_\_\_ Working Days Missed \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INJURED PERSON  
\_\_\_\_\_  
JOB TITLE/POSITION  
\_\_\_\_\_  
DATE SIGNED \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE  
\_\_\_\_\_  
JOB TITLE/POSITION  
\_\_\_\_\_  
DATE SIGNED \_\_\_\_\_

**MAIL FORM TO:            RISK MANAGEMENT  
                                 333 MAX OROVITZ BLDG  
                                 LOC: 1437  
                                 PHONE: 284-3163 / FAX: 284-3405**

**Failure to report employee injuries to Risk Management within 24 HOURS may result in a \$500 FINE.**