

**UNIVERSITY OF NEW ENGLAND
ACCIDENT REPORT**

Employee Name _____ Home Telephone # _____
Home Address _____ Occupation _____
Age _____ Date of Birth _____ Personal Reference Number (PRN) _____
DOH _____

This report must be filed with the Human Resources Office IMMEDIATELY after an accident. Please print clearly

EMPLOYEE STATEMENT

_____ was injured at _____ on _____
(name) (location) (date)
at _____
(time)

1. Please describe in full detail how the accident occurred. _____

2. Time employee began work on day of injury _____

3. Name of witness(es), if any, to accident or injury _____

4. Please describe injury in detail and include parts of the body affected _____

5. What medical treatment did the injured employee receive? _____

6. If employee received medical treatment, name and address of provider _____

Was injured employee taken to the hospital? YES ___ NO ___ If yes, how was injured employee transported? _____

7. Did employee miss any time from work after returning from medical treatment?
YES ___ NO ___
If yes, how much time did employee miss, and what is the expected date or time of return? _____

8. Will employee be returning to a doctor or other health care provider?
YES ___ NO ___ If yes, name, address and phone # of provider _____

Employee Signature

Date

SUPERVISOR STATEMENT

1. When, how and by whom were you notified of the accident? _____

2. What actions have been taken to prevent this type of accident from happening again? _____

3. Do you have any recommendations? _____

Supervisor's Signature

Date

HUMAN RESOURCES OFFICE

1. A telephone call concerning this accident was received on _____ the time was _____ and the person who called is _____.
2. This ACCIDENT REPORT was received in the Human Resources Office on _____, and the time was _____.
3. Time employee began work on day of injury: _____.
4. Additional Comments: _____

Signature/Human Resources

Date

SAFETY OFFICE

Accident Report Received _____

FOLLOW UP

Was safety equipment used? _____

If yes, was the equipment adequate? _____

Condition of area at time of accident _____

RECOMMENDATIONS

Signature/Safety Office

Date