

**UNIVERSITY OF NEW ENGLAND
ACCIDENT REPORT**

Employee Name _____ PRN # **910**
Home Address _____ Home Telephone # _____
Job Title/Position _____
Supervisor Name _____
Regular Work Schedule (days/times) _____

***Please print clearly and send report IMMEDIATELY after an accident to:
Human Resources (Cat Martins)**

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 _____

7. Was injured employee taken to the hospital?
a. YES NO
b. If yes, how was injured employee transported? _____
8. Did employee miss any time from work after returning from medical treatment?
a. YES NO
b. If yes, how much time did employee miss, and what is the expected date or time of return? _____
9. Will employee be returning to a doctor of other health care provider?
a. YES NO
b. If yes, name and address of provider _____

Employee Signature Date

HUMAN RESOURCES OFFICE (Cat Martins)

1. A telephone call concerning this accident was received on _____ at _____ and
(date) (time)
and the person who called is _____.
2. This ACCIDENT REPORT was received in the Human Resources Office on _____, and
the time was _____.
3. Additional Comments: _____

Signature/Human Resources Date

FOLLOW UP

ENVIRONMENTAL HEALTH AND SAFETY OFFICE (Ronnie Souza)

1. Accident Report received _____
2. Was safety equipment used? _____

3. If yes, was the equipment adequate? _____

4. RECOMMENDATIONS

Signature/Environmental Health & Safety Date