

ACCIDENT / INCIDENT REPORT

Randolph College

Use tab key to move to next field in form. After completing report, print out, sign & date send to Human Resources. Notify Human Resources by phone that report is on its way.

Employee Name:		S.S. # - -		Marital Status															
Address:		Phone Number: - -		No. of Dependents															
		Date of Birth:		Date of Hire:															
Person Completing Report:			Injured's Supervisor & Department:																
Occupation at time of injury/illness:		How Long In Current Position:		How Long With Current Employer:															
Hours Worked Per Day:		Days Worked Per Week:		Hourly Rate:															
Weekly Rate:																			
Date Of Injury:	Hour of Injury: <input type="checkbox"/> AM <input type="checkbox"/> PM		Location of Injury:																
Person To Whom Injury/Illness Reported:			Witnesses:																
Describe How Injury or Illness Occurred: 																			
Describe Area: (Include lighting, Cleanliness, etc.)				Were Safe Guards Provided & Operational? <input type="checkbox"/> Yes <input type="checkbox"/> No															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Nature Of Injury:</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="border: none;"> Struck By</td> <td style="border: none;"> Slip, Trip or Fall</td> </tr> <tr> <td style="border: none;"> Struck Against</td> <td style="border: none;"> Rubbed</td> </tr> <tr> <td style="border: none;"> Caught In</td> <td style="border: none;"> Strain / Sprain</td> </tr> <tr> <td style="border: none;"> Caught Between</td> <td style="border: none;"> Contact–Extreme Temperature</td> </tr> <tr> <td style="border: none;"> Caught Under</td> <td style="border: none;"> Occupational Diseases</td> </tr> <tr> <td style="border: none;"> Foreign Body</td> <td style="border: none;"> Other</td> </tr> </table>						Nature Of Injury:		Struck By	Slip, Trip or Fall	Struck Against	Rubbed	Caught In	Strain / Sprain	Caught Between	Contact–Extreme Temperature	Caught Under	Occupational Diseases	Foreign Body	Other
Nature Of Injury:																			
Struck By	Slip, Trip or Fall																		
Struck Against	Rubbed																		
Caught In	Strain / Sprain																		
Caught Between	Contact–Extreme Temperature																		
Caught Under	Occupational Diseases																		
Foreign Body	Other																		

ACCIDENT / INCIDENT REPORT

Randolph College

Use tab key to move to next field in form. After completing report, print out, sign & date send to Human Resources. Notify Human Resources by phone that report is on its way.

Injured Part:		Check all that apply & specify L for Left or R for Right	
Head	Shoulder	Chest	Leg
Ear	Arm	Lung	Knee
Face	Wrist	Back	Feet
Eye	Hand	Abdomen	Ankle
Neck	Elbow	Groin	Toe
Hearing	Finger	Hip	
Physician Name:		Hospital Name:	
Address:			
Phone:			
Probable Length of disability	Has Employee Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Print after typing and have employee sign and date</i>	
Employee Signature:			Date: