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:** ☐ **AM** ☐ **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?** ☐ Yes ☐ No	

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**

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<table>
<tr><td colspan="4">Injured Part: Check all that apply & specify L for Left or R for Right

Head
Ear
Face
Eye
Neck
Hearing

Shoulder
Arm
Wrist
Hand
Elbow
Finger

Chest
Lung
Back
Abdomen
Groin
Hip

Leg
Knee
Feet
Ankle
Toe</td></tr>
<tr><td colspan="2">Physician Name:

Address:

Phone:</td><td colspan="2">Hospital Name:</td></tr>
<tr><td>Probable Length of disability</td><td>Has Employee Returned to Work?
☐ Yes ☐ No</td><td colspan="2">Print after typing and have employee sign and date</td></tr>
<tr><td colspan="3">Employee Signature:</td><td>Date:</td></tr>
</table>