WARNER PACIFIC UNIVERSITY

Accident Report Form

Indicate Work Status of Person(s) Involved: Employee ☐ Student ☐ Student Employee ☐
Volunteer ☐ Visitor ☐ Other (Specify) ☐ _____

Personal Information

Name of Person Involved _____

Job title(s) of person(s) involved _____

Organization(s) & department(s) _____

Current Address_____ Apt. No. _____

City _____ State_____ Zip Code _____

Cell Phone _____ Home Phone _____ Work Phone _____

Date of Birth ____/____/____ Date of Hire ____/____/____ Gender: Male ☐ Female ☐

Emergency Notification Name _____ Phone _____ Relationship_____

Accident Information

Time employee began work _____

What was employee doing just before the accident happened _____

What object or substance directly harmed the employee? _____

Date of accident/incident ____/____/____ Time of accident/incident _____ a.m. ☐ p.m. ☐

Date reported ____/____/____ Time reported _____ a.m. ☐ p.m. ☐

Location of accident/incident _____

Was person performing regular job duties? Yes ☐ No ☐

Did person complete shift following the accident? Yes ☐ No ☐

Will person lose time from work other than day of accident? Yes ☐ No ☐

Description of accident/incident _____

_____

_____

_____

_____

Bodily Injury

Description of injury _____

_____

Probably cause of injury _____

_____

Describe initial first aid or medical treatment, including on-site treatment and follow-up treatment at ER or other (where, by whom, what was done) _____

_____

_____

Property Damage

Name of property owner _____ Phone _____

Address _____

City _____ State _____ Zip _____

Description of property _____

_____

_____

Witnesses

1. Name _____ Phone _____
   Address _____
   City _____ State _____ Zip _____
2. Name _____ Phone _____
   Address _____
   City _____ State _____ Zip _____

Corrective Action Taken

_____

_____

Report Completed By

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Organization _____ Job Title _____ Date ____/____/____

Supervisor

Name _____ Phone _____

Supervisor's organization _____ Position _____

Supervisor's signature _____ Date ____/____/____