



Instructions for Use:	When Accident/Injury Occurs on the Job:	
1.) Original copy to be forwarded to main office for completing Employer's Report of Injury. Federal Reports and OSHA Records. 2.) Make copy of report for supervisor's records. 3.) This form does not take the place of Employer's Report of Injury Illness which is required by State and Federal Law.	1.) Determine extent and nature of Accident/Injury. See that proper first aid is applied. Immediately call ambulance or doctor if needed. 2.) Accompany employee to doctor if shock is apparent or if injured not in condition to drive alone. 3.) Complete Supervisors Report of Injury or Illness form. In case of fatality notify the main office immediately.	5.) Know which members of crew have had first aid training and use them when needed. 6.) Replenish First Aid supply after each use. 7.) Request doctor's release before permitting return. 8.) Advise the main office when employee returns to work.

Date & Time of accident/injury:		
Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Reported:
Location of accident/injury (Area/Department):		
Equipment involved:		
Injured staff full name:		
Job Title:		
Accident reported to:		
First Aid Only:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Nature Of Injury:		
Doctor/Hospital Referred to (If applicable):		
What activity was being performed at time of accident/injury:		
Witness' name & statement:		
Supervisor's description of accident/injury:		
Cause of accident/injury:		
Corrective action needed to prevent reoccurrence:		
Date Action Taken:		
		By Whom:
Date of Report:		
		Prepared By:
Supervisor's Signature:		
		Date: