

EMPLOYEE REPORT of ACCIDENT/INJURY

The employee must complete this report as soon as possible following an accident/injury. This report will be provided to the supervisor within 24 hours of the accident/injury.

Name: _____		Date of Injury: _____		Time of Injury: _____		AM PM	
Social Security # _____		Date of Birth: _____		Work Phone # _____		Home Phone # _____	
☐ Full Time ☐ Part Time		Date Employed: _____		Dept/Div: _____			
Home Address: _____							
Shift: A ☐ B ☐ C ☐		Start Time of Work Day: _____		: _____		AM PM	
Witnesses (attach statement for each)							
Name: _____		Title: _____		Phone Number: _____			
Name: _____		Title: _____		Phone Number: _____			
Name: _____		Title: _____		Phone Number: _____			
Exact Location Injury Occurred: _____				Duties Being Performed: _____			
Describe the circumstances causing the injury:							

Personal Protection Equipment Used:							
☐ Foot Protection.		☐ Face/Eye Protection.		☐ Fall Protection.		☐ Respiratory Protection.	
☐ Hand Protection.		☐ Head Prot.		☐ Apron/Chaps		☐ Back Belt	
☐ None		☐ Lifting Assistance Device					
☐ Other: _____ Object, equipment, or substance, which caused injury:							
Choose factor (s), which directly or indirectly caused the accident to occur:							
☐ Struck by Flying/Thrown Object		☐ Caught in/Under/Between Objects		☐ Temperature Extremes			
☐ A Fall		☐ Struck by an Object/Person		☐ Rubbed or Abraded by Object			
☐ Bodily Reaction		☐ Electric Shock		☐ Struck Against Object			
☐ Blood/Fluid Exposure		☐ Other Disease Exposure		☐ Noise Exposure			
☐ Vehicle/Equipment Accident		☐ Toxic Material Exposure		☐ Repetitive Motion			
☐ Client Caused		☐ Client Assault		☐ Other-Describe			
Nature of Injury:							
☐ Head		☐ Trunk		☐ Digestive		☐ Eye (s) R L B	
☐ Neck		☐ Abdomen		☐ Respiratory		☐ Shoulder(s) R L B	
☐ Chest		☐ Groin		☐ Circulatory		☐ Arm (s) R L B	
☐ Back		☐ Skin		☐ Hand (s) R L B		☐ Wrist(s) R L B	
						☐ Ankle(s) R L B	
						☐ Finger(s) T I M R P	
						☐ Foot/Feet R L B	
						☐ Hip(s) R L B	
						☐ Toe(s) R L B	
						☐ Other-Describe:	
Medical Treatment:							
☐ No Treatment		☐ First Aid		☐ Employee Health Clinic		☐ Outside Medical Treatment	
Employee's Signature: _____				Title: _____		Date: _____	
Supervisor's Signature: _____				Title: _____		Date: _____	

Kanas Workers Accident Report Forms

JS Bruner



Kanas Workers Accident Report Forms:

Kanas Workers Accident Report Forms Book Review: Unveiling the Power of Words

In some sort of driven by information and connectivity, the energy of words has become more evident than ever. They have the capability to inspire, provoke, and ignite change. Such is the essence of the book **Kanas Workers Accident Report Forms**, a literary masterpiece that delves deep to the significance of words and their impact on our lives. Written by a renowned author, this captivating work takes readers on a transformative journey, unraveling the secrets and potential behind every word. In this review, we shall explore the book's key themes, examine its writing style, and analyze its overall effect on readers.

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