

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

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Mandatory Motorcycle Helmet Law Michael L. Lummis,1980 **Report of the State Corporation Commission of**
Kansas Kansas. State Corporation Commission,1913 **Kansas Reports** Kansas. Supreme Court, Elliot V. Banks, William
Craw Webb, Asa Maxson Fitz Randolph, Gasper Christopher Clemens, Thomas Emmet Dewey, Llewellyn James Graham, Oscar
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sewerage data section *Accident Data Quality* James O'Day, 1993 This synthesis will be of interest to highway department
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and safety engineers drivers licensing officials state and local police as well as federal agencies industries traffic safety
associations and others responsible for the collection analysis and use of accident data Information is provided on national
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This synthesis describes current practice with respect to the characteristics and importance of accident data quality
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communications systems used This report of the Transportation Research Board discusses accident records systems
including data sources and users considers the effects of inadequate data on analyses and reviews data acquisition and
processing programs that have had good results in the states using them Recommendations for improving operating systems
and for additional research are included **Safety and Fire Protection Bulletin** ,1960 **Biennial Report** Kansas. State
Corporation Commission, 1913 **Miners' Circular** ,1958 **Miners' Circular** United States. Bureau of Mines, 1945

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