

STAFF ACCIDENT REPORT

This accident report must be filled out promptly after an accident occurs and first aid measures have been taken. The form must be completed on the day the accident occurs and must be faxed to the Head Start office in South Pittsburg. The fax number is (423) 837-9369. Please call the HSO (423-837-6724) to verify receipt. It is **very important** that this form be completed in a **timely** manner. Keep the original accident report on file in your center.

1. Name of injured employee: _____
2. Social Security No.: _____ 3. Telephone no.: _____
4. Home Address (no. and street) _____
City _____ State _____ Zip Code _____
5. Age _____ 6. DOB _____ 7. Sex: m _____ f _____ 8. Married _____ or Single _____
9. Occupation (job title) _____
10. Place of accident (no. & street) _____
11. Was it on employer's premises? Yes _____ No _____
12. What was the injured employee doing when injured? (Be specific. If the injured employee was using tools or equipment or handling other materials, name them and tell what he/she was doing with them.) _____

13. How did the accident occur? (Describe fully the events that resulted in the injury. Tell what happened and how it happened. Name any objects or substances involved. Give full details on all factors that led or contributed to the accident.) _____

14. Describe the injury (the location of injury on the body, the type of injury, etc.) _____

15. Date of injury or occupational disease _____ Hour of Day _____
16. Was injured employee unable to work because of the injury or disease on any day after the day of injury? _____ If yes, give last day worked. _____
17. Did injured employee go to the doctor? _____ If yes, give name and address of doctor _____

18. If hospitalized, name and address of hospital. _____

19. Were any medical personnel called such as ambulance, doctor, etc.? _____ If yes, who _____

20. What first aid was given, if any and by whom? _____

21. What can be done to help prevent this type accident from occurring in the future? _____

Date of report

Signature of person filling out report