



### EMPLOYEE ACCIDENT/ILLNESS REPORT

Use this form to report any work related accident or illness whether it results in injury or not.  
File this report with the Regional Office as soon as you are aware of such accident or illness.

Branch: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Date of Accident/Illness: \_\_\_\_\_ Time of Accident/Illness: \_\_\_\_\_

Date Accident/Illness Reported: \_\_\_\_\_

Name of Person Notified of Accident: \_\_\_\_\_

Were there any witnesses to the accident? Yes or No  
If yes, please provide the names and phones numbers of all known witnesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did the Accident/Illness occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did the Accident occur? Be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the employee doing just before the Accident occurred? Describe the activity, as well as the equipment or material the employee was using. Be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the injury or illness? Tell the part of the body that was affected and how it was affected. Be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Prior to this accident/illness was employee ever hurt, suffered injury, or received treatment for the body part(s) listed in the question above?      Yes    or    No

If yes, please provide the date of prior injury/illness, type of injury/illness, names of treating physician or practice group: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What object or substance directly harmed the employee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was medical assistance needed?      Yes    or    No  
If yes, what was the name, address, and phone number of the treating physician or other health care professional? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was employee treated in an emergency room?      Yes    or    No  
If yes, what was the name, address, and phone number of the facility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_      Date: \_\_\_\_\_

\_\_\_\_\_  
Regional Office Use Only:

Date report was received by Regional Office: \_\_\_\_\_

Name of person who received report: \_\_\_\_\_



