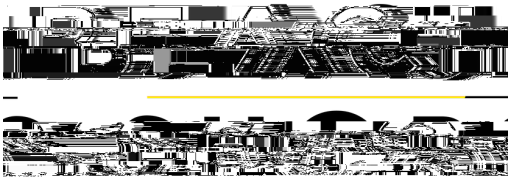

ACCIDENT/

EMPLOYEE INFORMATION

Location : **Date Reported :** **Time :** **AM/PM**

☐ HAZARDOUS SITUATION ☐ INCIDENT ☐ FIRST AID ☐ CRITICAL INJURY

Describe what happened and the object or substance that caused the injury, if applicable, describe injury.

Describe the nature, date and time of first aid treatment, if applicable.

☐ Head	☐ Upper Back	☐ Lower Arm	☐ Upper Leg	☐ Other:
☐ Eye	☐ Lower Back	☐ Wrist	☐ Knee	
☐ Neck	☐ Upper Arm	☐ Hand/Fingers	☐ Lower Leg	
☐ Shoulder	☐ Elbow	☐ Hip	☐ Ankle/Foot	

TYPE OF ACCIDENT/INCIDENT

Select statements that best describe the accident/incident:

☐ Repetitive Strain	☐ Struck, contacted by/with/against	☐ Cut/bruise	☐
☐ Acute Strain (lifting, pulling, carrying)	☐ Slip/fall	☐ Exposure to	
☐ Caught in/under/between	☐ Client/employee action	☐