

## ACCIDENT AND INCIDENT REPORT - EMPLOYEE

### Instructions:

1. Provide immediate medical attention if necessary. Call Safety Director or Payroll Immediately to authorize treatment/drug testing. **Drug/Alcohol test is required for all emp. injuries.**
2. Within 8 hours, complete this form and the form: 'Root Cause Analysis (Fishbone)' for all job related injuries AND near misses. Fax to (586) 939-9005.
3. Whenever possible, the foreman and the injured employee will sign the form.

### Information about the injured:

Name: _____ Home Address: _____ City, State & Zip: _____ Home Phone: _____ Soc. Sec. No.: _____ Job Title: _____ Fatality?    ___ Yes    ___ No	Date of Hire: _____ Date of Birth: _____ Sex: _____ Time Employee began work: _____ Did Employee leave work? _____ If so, time: _____ Did Employee return to work? _____ If so, time: _____
Did you authorize medical treatment?    ___ Yes    ___ No Will employee be off from work?    ___ Yes    ___ No If so, how long?    _____ days Have work restrictions been given?    ___ Yes    ___ No If so, how long?    _____ days    Is there light duty work available?    ___ Yes    ___ No Describe restrictions: _____	Drug/Alcohol Test?    ___ Yes    ___ No

### Information about the accident

**Date and time of accident:** \_\_\_\_\_    **Date reported:** \_\_\_\_\_  
**Job Name:** \_\_\_\_\_    **Job No.:** \_\_\_\_\_    **Foreman:** \_\_\_\_\_  
**Address:** \_\_\_\_\_    **City:** \_\_\_\_\_    **State:** \_\_\_\_\_

Describe nature of injury (please be specific):

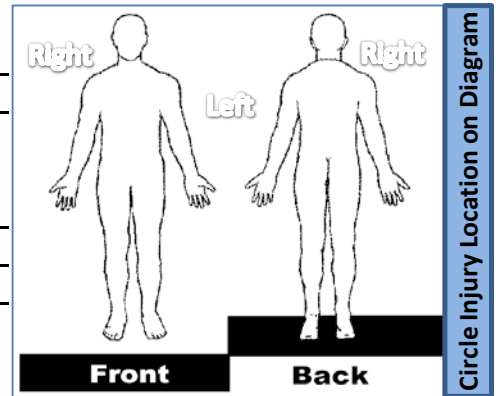
\_\_\_\_\_

Describe what happened and probable cause of accident:

\_\_\_\_\_

Name of physician & hospital where treated:

\_\_\_\_\_



Name of Witnesses

\_\_\_\_\_

Home/Cell Phone Numbers of Witnesses

\_\_\_\_\_

\_\_\_\_\_  
*Injured Employee's Signature*

\_\_\_\_\_  
*Foreman Signature*

**Incident Summary**  
**Fishbone Diagram**

What Happened:

WHY:

WHY:

WHY:

**WHY:**

BECAUSE:

BECAUSE:

BECAUSE:

**BECAUSE:**

What Needs to Happen to Prevent it from EVER Happening Again?

Timeframe: \_\_\_\_\_.

