

Concord University

In House Report of Occupational Injury

NAME: _____

DIVISION OF EMPLOYMENT: _____ DEPARTMENT: _____

JOB TITLE/DESCRIPTION: _____ SUPERVISOR: _____

DATE OF INJURY: _____ TIME: _____

PERSON YOU REPROATED INJURY TO: _____

TIME YOU BEGAN WORK ON DATE OF INJURY: _____ DATE SUPERVISOR WAS NOTIFIED: _____

STOPPED WORK FOR INJURY? _____ DATE: _____ TIME: _____

HOW DID INJURY OCCUR? (SPECIFY THE CAUSE, WHAT YOU WERE DOING AND EQUIPMENT OR OBJECTS INVOLVED): _____

WHAT PART OR YOUR BODY/PERSON WAS INJURED? _____

IF YOU HAVE HAD ANY PREVIOUS ACCIDENTS OR CNDITIONS AFFECTING THE SAME BODY PART, GIVE DATES AND DETAILS: _____

DID INJURY OCCUR ON CAMPUS? IF SO, WHERE? (TRY TO BE SPECIFIC) _____

LIST NAMES(S) AND PHONE NUMBER OF WITNESS(ES) TO THE ACCIDENT:

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

DATE FIRST WNET TO DOCTOR OFR HOSPITAL FOR THIS INJURY: _____

NAME OF DOCTOR OR HOSPITAL: _____

YOUR SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____