



Employee Accident Report

EMPLOYEE INFORMATION

Male
 Female

Name _____ EMP ID# _____ Home Phone _____

Home Address _____ Work Address _____

Full-time
 Part-time

Date of Birth _____ Age _____ Date Employed _____ Time in present position _____

Department _____ Shop _____ Job title _____

ACCIDENT INFORMATION

Date of Accident _____ Time of accident: am pm Time shift began: am pm

Building Location of Accident _____ Exact location of accident (i.e. room #, dock, lab) _____

What was the employee doing when the accident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Examples: "climbing a ladder while carrying roofing materials", "daily computer data entry"

What happened? Describe how the injury occurred. Examples: "when ladder slipped on wet floor, worker fell 20 feet", "worker was sprayed with chlorine when gasket broke during replacement", "worker developed soreness in wrist over time"

What was the injury or illness? Describe the part of the body that was affected and how it was affected. Example: "strained lower back"

What object or substance directly harmed the employee? Examples: "concrete floor", "chlorine"

Witnesses _____ Was this part of the normal job duty? yes no

Report prepared by (if different from the injured employee) _____ Phone _____

I understand that it is my right to apply for Workers' Compensation benefits and that I have two years from the date of this accident to do so. I also authorize the release of medical information regarding this accident to the schools's Workers' Compensation claim administrators.

Employee signature _____ Date _____

SUPERVISOR/CHARGE PERSON INFORMATION

Supervisor Name _____ Supervisor Phone _____

This accident was reported to me on Date: _____ Time: _____ Cost Center/Dept # _____

Further investigation required? yes no Supervisor Signature _____ Date _____

HEALTH CARE PROVIDER

Treated by: School Nurse Services GGH Emergency Department Rapid Remedy Other Facility

Other Facility Name/Address _____ Date Treated _____

Diagnosis/Assessment _____

Re-aggravation of previous injury? yes no Previous Injury Date _____

Medical Provider Printed Name _____ Medical Provider Signature _____

ADMINISTRATION

Copies Sent to: Employee OSHA LOG Coordinator Safety Director Env. Health & Safety Supervisor

EMPLOYEE SHOULD TAKE THIS FORM WHEN SEEKING TREATMENT, AND DO SO WITHIN 72 HOURS OF REPORTING THE ACCIDENT. Return the completed form to Human Resources or (FAX 918-786-9365).

Instructions for Completing the GPS Employee Accident Report

The Employee Accident Report must be completed for every work-related accident. This report will:

- Assist employees in obtaining immediate medical treatment
- Inform the supervisor/charge person of the accident
- Serve as a record for follow-up and future prevention efforts.

EMPLOYEE RESPONSIBILITIES:

- 1 Immediately notify supervisor/designated charge person of work-related accident.
- 2 Complete the "Employee" section of the form including signature and date.
- 3 Seek medical treatment if necessary.

SUPERVISOR/CHARGE PERSON RESPONSIBILITIES:

- 1 Complete "Supervisor/Charge Person" section of form including signature and date.
- 2 If the employee needs or desires medical treatment, arrange for appropriate medical care.

- 3: If the employee does not need/desire medical treatment, make a copy of this report for your records and send the original to Human Services. If medical treatment is needed at a later date as a result of this accident, refer to Human Services.

MEDICAL TREATMENT:

GPS employees are entitled to treatment. There is no charge to the employee for this treatment.

For Blood and Body Fluid Exposures:

Employee should report blood and body fluid exposures immediately to supervisor. A Blood and Body Fluid Report will also need to be completed.

WORKERS' COMPENSATION:

It is the employee's right to apply for Workers' Compensation benefits up to two years from the date of the accident. For more information regarding Workers' Compensation, contact Human Resources