

**Saint Joseph's College
Accident/Incident Form**

Name: _____
Department: _____

Work ext: _____
Position: _____

**THIS REPORT MUST BE FILED WITH THE HUMAN RESOURCES OFFICE
IMMEDIATELY AFTER AN ACCIDENT OR INJURY. PLEASE PRINT CLEARLY.**

Date of Accident/Injury: _____ Time of Accident/Injury: _____
Time work began: _____

1. Please describe in full detail how the accident/incident occurred.

2. Name of witness(es), if any, to the accident/incident.

3. Nature of injury and part(s) of body affected (e.g. sprained little finger of left hand.)

4. Name of object, substance or exposure that directly brought about the injury.

5. What medical treatment did the injured employee receive?

6. Where was treatment received?

7. Did the employee miss any time from work? Yes _____ No _____

Dates: _____

Preparer's Signature

Date

Received in Human Resources Office:

Date: _____

Time: _____