

CORPORATION OF THE CATHOLIC ARCHBISHOP OF SEATTLE
PARISH/SCHOOL: _____
EMPLOYEE'S ACCIDENT/INCIDENT REPORT

This report should be completed in the event of any hazardous incident, accident, injury or illness which occurs on the job, whether or not medical attention is sought. If medical attention is sought, whether at the time of the accident, injury or illness or sometime later, the employee and supervisor must complete a workers' compensation claim form (SIF2). The SIF2 will be sent by Sedgwick to the injured employee. A Provider's Initial Report (PIR) should be given to the employee to take with him/her to the medical provider at the first visit. This Investigation Report form should be kept on file until (if) medical attention is sought for the injury, at which time it is to be provided to the on-site Safety Committee for evaluation and completion. "Investigation Report" may be discarded after two years, if the employee doesn't receive medical attention.

PERSONNEL AND BACKGROUND INFORMATION

Name: _____

Job /Position Title _____ Time on the Job _____

Social Security Number _____ Marital Status _____ Age _____ Sex: M F

Date of Accident _____ Time of Accident AM/PM On premises Off premises
Where? _____

Date Accident Reported _____ Date Injury Reported _____ If reporting was delayed, why? _____

Supervisor _____ Person you reported accident to if not your supervisor _____

ACCIDENT DESCRIPTION AND RELATED INFORMATION

What were you doing when you were injured?

Name of Witnesses

How did the accident happen?

What part of your body did you injure?

What are your injuries? Give details:

Was damaged property the cause of the injury/accident? No Yes Explain: _____

Did the injury /accident cause property damage: No Yes Explain: _____

Was personal property damaged, lost or destroyed as a result of the injury/accident? No Yes
Check: Eyeglasses Dentures Shoes Clothing other (explain) _____

Was First Aid sought? Yes If so, what was done? _____ No

Date and time of medical attention: _____

Physician and hospital _____

Possible preventative measures _____

Employee Signature _____ Date _____

Give this form to your Supervisor after you have signed it.