ACCIDENT / INJURY INVESTIGATION REPORT

UNIVERSITY OF SOUTHERN INDIANA

☐ Employee ☐ Student Worker ☐ Student ☐ Visitor ☐ Volunteer

Date of Report _____ **Time of Report** _____ ☐ A.M. ☐ P.M.

INJURED PERSON INFORMATION

Name of Injured _____ ☐ Male ☐ Female

Permanent Address _____

City _____ **State** _____ **Zip** _____

Date of Birth _____ **USI Employee ID #** _____

Telephone: Home / Cell _____ **Telephone: Work** _____

Department _____ **Job Title** _____

Number of hours scheduled to work per week _____

WITNESS INFORMATION

Name(s) of Witness _____

Telephone: Home / Cell _____ **Telephone: Work** _____

STATEMENT OF INJURED PERSON OR WITNESS

Date of Accident _____ **Time of Accident** _____ ☐ A.M. ☐ P.M.

Location of Accident _____ **Kind of Injury (e.g., strain, laceration)** _____

Cause of Injury (e.g., slip/fall , lifting) _____ **Part of Body Affected (e.g., arm, leg, back)** _____

How did Injury Occurr _____

Is Treatment being sought? If so, where? _____

I authorize the release of any medical information relating to this injury / illness to the University worker's compensation carrier for review of this claim.

Signature of Injured Person _____ **Date** _____

TO BE COMPLETED BY SUPERVISOR FOR EMPLOYEE INJURY / ILLNESS
(attach additional information if necessary)

Time employee's work day began ☐ **A.M.** ☐ **P.M.**

Evaluation of how accident occurred / contributing factors

Possible Preventative Actions (actions that have been / will be taken to prevent recurrence)

Signature of Supervisor **Date**

Printed Name of Supervisor

FOR HUMAN RESOURCES USE ONLY

Lost Time ☐ **Yes** ☐ **No**

Number of Days **Anticipated Release Date**

Work Restrictions

Medical Treatment

EMPLOYEE OR STUDENT WORKER:
FILL IN FORM, FORWARD TO SUPERVISOR FOR COMPLETION. SUPERVISOR FORWARD TO HUMAN RESOURCES.

VISITOR OR VOLUNTEER: FILL IN FORM, FORWARD TO SUPERVISOR, PROGRAM DIRECTOR, OR TO RISK MANAGEMENT AND SAFETY. SUPERVISOR FORWARD TO RISK MANAGEMENT AND SAFETY.

MUST BE COMPLETED AND RETURNED WITHIN 24 HOURS OF ACCIDENT