

West Central Abilities Inc.

EMPLOYEE PRELIMINARY ACCIDENT REPORT

This report will be completed by the Employee when an incident/accident has occurred causing injury requiring first aid or medical attention.

Accidents resulting in injury/risk of injury must be reported immediately to the direct supervisor/manager. The accident may require further investigation and/or follow-up. If the direct supervisor is deemed unreachable the employee must contact the Emergency On- Call personnel for incidents that require or are apt to require medical attention.

All reports will be done in printing, with a written signature of the writer.

All relevant forms and documents are to be in the hands of the Executive Director or designate as soon after the incident as is reasonably possible, or upon the office opening.

Employees must complete this form and immediately report the accident to their supervisor/manager before leaving work.

Employee involved: _____

Position Working: _____ Incident Date: _____

Location: _____ Time: _____

Nature: Please check one that best describes your situation:

- Time Loss Injury Did you leave work due to the injury, if so at what time did you leave work: _____
- No Time Loss Injury Remained working
- Vehicle Accident Complete *Appendix 3VAR Vehicle Accident Report

Date and time you saw a physician: _____

Attach/submit the Medical Certificate your physician completed.

Describe in detail on how the incident/accident happened: _____

Was medical/ first aid applied: _____ Yes, or _____ No

Who applied medical/ first aid to you: _____
(Example: myself or name of person and their position)

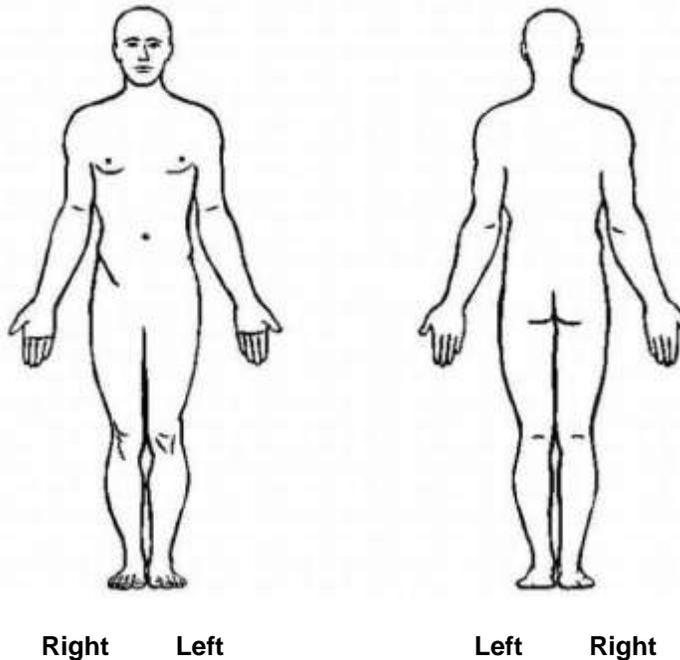
How could have you prevented this incident, and what future prevention steps will you apply: _____

The supervisor you verbally reported to: _____ Date: _____
or
incident was reported to the supervisor by: _____ Date: _____

Managers must investigate all reported injuries.

Injuries:

Please identify on the diagram which part of the body was injured or risk of underlying injury including specifics to the area on the body and scale of the injury:



Description:

Provide a detailed description of the injury(ies) sustained: _____

