

REPORT OF ACCIDENT (NON-EMPLOYEE)

To prevent a recurrence, every accident should be investigated and the causes corrected. DO NOT OVERLOOK WHAT YOU MAY FEEL ARE "UNIMPORTANT" cases since they could have been and can be serious. It is only by a thorough investigation that many of the real causes of accidents can be determined and corrected.

SITE _____ DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

BUILDING LOCATION (Specify Indoor/Outdoor, Room No., Etc.) _____

NAME OF INJURED _____ TELEPHONE _____

HOME ADDRESS _____

(Street Address)

(City and State)

(Zip Code)

NOTICE OF CLAIMED INJURY REC'D BY _____ DATE REC'D _____
(Name of Building Representative)

WAS MEDICAL ATTENTION NECESSARY? ____ YES ____ NO ____ NOT IMMEDIATELY KNOWN

ACCIDENT: (Describe what happened, who was involved and what injuries resulted)

WITNESSES TO ACCIDENT: _____

(Originator)

(Date)

DISTRIBUTION:

White: Assistant Superintendent – Administration
Yellow: Coordinator, Buildings & Grounds
Pink: Originator

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