

Reed College Accident Report

- *Immediate supervisor or instructor should complete this form promptly.*
- *Print clearly and attach to form #801 if a worker's compensation claim is filed.*
- *Forward a copy to the Personnel Office and Health/Safety Manager within 48 hours.*

Please Print

Injured Person:

Faculty _____ Staff _____ Student Worker _____ Student _____ Volunteer _____ Visitor _____

1. Name of injured _____ Telephone number _____
Address _____

2. Date of accident _____ Time _____ a.m. p.m.

3. Accident location _____

4. Describe accident fully. Attach separate sheet if necessary. _____

5. List witnesses. Include telephone number and address, if possible. _____

6. When was the accident reported? _____ To whom? _____

7. Was equipment involved in the accident? Yes _____ No _____
If yes, identify. _____

8. Did another person not employed by Reed College cause accident? Yes _____ No _____
Name _____ Address _____

9. Describe injury (part of body, type of injury). _____

10. Describe first aid/medical treatment (when administered and by whom). _____

11. Is this a job-related injury? Yes _____ No _____ Unknown _____

12. To the best of your knowledge, has this situation caused accidents in the past?
Yes _____ No _____ Unknown _____ (If "Yes," please describe.) _____

Name _____ Ext. _____ Date _____

Title _____ Department _____