



Employee's Report of Accident/Injury

(To be completed by employee only)

Employee's name: _____ Male: _____ Female: _____

 Last First Middle

Date of birth: ____/____/____ Telephone Number: (____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Present Position: _____ Length of employment with MJH: _____

Location of accident: _____

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily in just sustained (be specific about body part (s) affected): _____

Recommendation on how to prevent this accident from recurring: _____

Name of supervisor: _____ Phone: _____

Name(s) of witness(es): _____ Phone: _____

When did you report accident to your supervisor? _____

Who did you report the injury to? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____

Signature of employee : _____ Date: _____