UCA Employee Accident Report Form Instructions: Employees shall use this form to report all work-related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action. **Accident Information Details Complainant Name:** Date: Time of reporting: Complainant Signature: Supervisor: Date of Time of Incident: Incident: Elementary Location where Central Office HighSchool Middle School Other accident occured: School Was there any Property Was Equipment Are you a bus driver? If yes, were you driving a Involved? bus at the time of incident? Damage? Yes Yes Yes No No No Describe in detail how accident occurend:

	Part of body affected:									
		Front		Back						
			Back							
	Natu	re of Injury:		Nature of Injury						
	Abrasion				Abrasion					
	Amputation				Amputation					
	Broken Bone				Broken Bone					
	Bruise			Bruise						
	Burn (heat)			Burn (heat)						
	Burn (chemical)				Burn (chemical)					
	Concussion				Concussion					
	Crushing Injury				Crushing Injury					
	Cut, Laceration, Puncture				Cut, Laceration, Puncture					
	Hernia				Hernia					
	Illness				Illness					
	Sprain, Strain				Sprain, Strain					
	Slip, Trip, Fall				Slip, Trip, Fall					
	Exposure to Bloo	Exposure to Bloodborne Pathogens			Exposure to Bloodborne Pathogens					
Nas th	there a witness to injury? Name:			·						
	Yes		Time incident was witnessed:							
	No		Job title:							

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Singature of Witness:					
Date:					
Report Completed By:					
Date:					
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