

DENISON UNIVERSITY
REPORT OF ACCIDENT, INJURY OR ILLNESS

This report must be completed within 24 hours of accident, injury or illness

Last Name _____ First Name _____ M.I. _____ SS# _____

Please Print

Home Address _____

Date of Birth: ____/____/____ Age: _____ Sex: M / F

Full Time _____ Part Time _____ Student Employee _____ Visitor _____ Student _____ FR SO JR SR

Occupation _____ Department _____ Phone _____

Supervisor's Name _____ Supervisor's Phone _____

Date of Incident: ____/____/____ Time of Incident: _____ am/ pm

Date Reported: ____/____/____ Time Reported: _____ am/ pm

Location of Accident, Injury or Illness (Be Specific) _____

Description of Incident (Be Specific-Describe how incident occurred and what you were doing when the incident happened, use reverse side if necessary) _____

Part(s) of body effected or injured _____

Was this part of your normal job duty? ___ Yes ___ No

Have you ever had a similar injury? ___ Yes ___ No If yes, when? ____/____/____

Name(s) and Phone Number(s) of Witness(es) _____

Was any medical or emergency treatment necessary? ___ Yes ___ No

If yes, provide name of physician and/or hospital _____

The information I have provided either written or verbal for the purpose of this report is true and correct to the best of my knowledge. I understand that providing false or misleading information or omission of any pertinent information on this report or any other report relating to this claim of accident, injury or illness may result in disciplinary action. By signing this form I grant authorization to my employer or their representative(s) the right to share, review, or discuss the above contained information as necessary in the processing or determination of my claim.

Employees's Signature _____ Date _____

Supervisor's Report

Supervisor's Signature _____ Date _____
Signature is verification that the validity and completeness of the above information has been checked.

Department Chair or Director _____ Date _____

EHS Director / Officer _____ Date _____

EHS Review & Disposition

Director of Human Resources _____ Date _____

*Distribution: (Completed in Triplicate)
Original and Copy- Personal File: Copy Security and Safety
Revised March 2002*