



MACALESTER

Injury/Incident Report Form

<i>EMPLOYEE & SUPERVISOR:</i>	PLEASE (1) COMPLETE (2) SIGN (3) FAX THIS FORM TO EMPLOYMENT SERVICES AT 651-696-6612 (4) DELIVER FORM TO EMPLOYMENT SERVICES <i>WITHIN 24 HOURS OF INCIDENT</i>
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EMPLOYEE INFORMATION:

Today's Date: _____ Report Completed by: _____

Employee Name (First, Middle Initial, Last): _____

Home Address (street, city, state, zip code): _____

Local Phone: _____ -HOME -CELL Work Phone: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: _____ Sex (male/female): _____

Date of Hire: _____ Job Title: _____

Department: _____ Supervisor's Name: _____

Work Schedule: _____ Work Status (full-time, part-time, temp, casual): _____

INJURY/INCIDENT INFORMATION:

Date of Incident/Injury: _____ Time of Incident/Injury: _____

Date Incident/Injury Reported: _____ Time Incident/Injury Reported: _____

Location of Incident/Accident: _____ Body Part Affected: _____

Reported Injury to: (Name and Phone Number) _____

Is This An Original Injury: -Yes -No Is This A Re-Injury? -Yes -No

At What Phase of Workday Incident/Accident Occurred: -Work Period -Rest Period -Meal Period -Entering/Leaving Work -Other

List Witness(es) Names and Phone Numbers: _____

Describe exactly how the incident occurred (who, what, when, where, why and specific acts/conditions which may have led to the incident):

MEDICAL TREATMENT PROVIDED:

-Seen by Clinician at MN Occ Health/Urgent Care/ER Health Care Facility Name: _____

-No Medical Treatment Provided Healthcare Facility Address: _____

-First Aid Only Healthcare Facility Phone: _____

-Incident Only Treating Clinician's Name: _____

MISSED WORK TIME:

-Yes -No Was any time missed from work? If "Yes" beginning when? _____

-Yes -No Has employee returned to work? If "Yes" when? _____

If "No" what is the anticipated return to work date? _____

_____ Employee Signature	_____ Date:
_____ Supervisor Signature	_____ Date:

**RETURN/FAX ALL COMPLETED
INJURY/INCIDENT REPORT FORMS
TO EMPLOYMENT SERVICES
FAX: 651-696-6612**