

IAS ACCIDENT REPORT

(To be completed by the injured employee or their supervisor)

Date of Report _____

1. Name _____ Date of Birth _____
Department _____ Position _____
Address _____ Telephone No. _____

2. Date of Accident _____ Time of Accident _____

3. Where did the accident occur? _____

4. Describe in detail how the accident occurred: _____

5. Name the object, machine or substance which directly caused the injury: _____

6. Were there any witnesses? Yes ___ No ___ If yes, please name _____

7. In your opinion, did the accident occur because of some physical hazard of Institute property or equipment? Yes ___ No ___
If yes, what was the unsafe condition? _____

8. Describe the nature of the injury/illness and parts of the body affected, such as cut left index finger, sprained right ankle, etc.

9. If you received medical treatment, please state which hospital and/or doctor treated you.
Doctor _____ Hospital _____

10. Did you miss work time because of the accident? Yes ___ No ___
If yes, when did you return to work? _____

(Employee's Signature) (Date)

SUPERVISOR'S PORTION

What do you recommend should be done to prevent a similar accident from occurring?

Has it been done? Yes ___ No ___ If no, why not? _____

(Supervisor's Signature) (Date)