

ACCIDENT REPORT

**** PLEASE ENSURE ALL INFORMATION IS FILLED IN WITH COMPLETE DETAIL, IF INFORMATION IS NOT FULLY DETAILED YOUR CASE WILL BE REJECTED UNTIL FORM IS PROPERLY COMPELTED ****

Date Filing Form: _____

Employee Name: _____ Job Title: _____

Employee Address _____

City _____ State _____ Zip _____

Employee Phone Number: _____

Employee Date of Birth _____ Employee Gender: (Circle one) Male/Female

Date of Work related Accident/Illness: _____ Time of Accident/Illness: ____AM/PM____

Do you work for more than one consumer, if yes please indicate who:

Address where accident occurred: _____

Were there any witnesses? Yes ___ No ___ If Yes, please indicate by their name, address, telephone number.

Was any equipment involved? Yes _____ No _____ If yes, what? _____

Describe what you were doing and how accident occurred. (Use separate sheet if necessary, you are required to provide as much detail as possible)

What was injured during this accident (please be specific).

What could have been done to prevent this accident?

Did the injury prevent you from completing your job responsibility? Yes _____ No _____

Did you lose time from work due to injury? Yes _____ No _____

If yes how much time was lost? _____

Were you seen by a physician/hospital staff? Yes ___ No ___ if yes, indicate physician/hospital name, address, and phone number:

Has this body part been injured before? Yes ___ No ___

If yes, was it a work related injury? Yes _____ No _____

Company name: _____

If yes when: _____

Supervisor: _____ Date Supervisor Notified: _____

Supervisor/ Consumer Follow Up: (Please have your consumer completed the below portion before submitting report)

Did the employee go home during scheduled work day related to injury? Yes _____ No _____

Did employee follow established safety regulations? Yes ___ No _____

If No which regulations were violated: _____

Has regulation been violated before? Yes _____ No _____ If yes when _____

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

AIM Office Use Only:

Preventative Training Provided: _____

Date Training Material was provided: _____