FirstStarHR

FirstStar HR

SUPERVISOR'S REPORT OF ACCIDENT

PLEASE COMPLETE ALL BLANKS

Date of this report_____ **Date & Time of injury**_____
Name of injured worker_____ **SS#**_____
Date of hire_____ **Date employee reported incident**_____
Employee occupation_____ Hire date_____Time of incident _____
Person employee reported incident to:_____
Client where incident occurred_____
Address where incident occurred_____
Has employee lost time from work? (If yes, give dates of lost time and if employee has returned to work) _____
_____

Describe the incident in detail (how, why, where, what)_____
_____
_____

Is a third party (another company or individual) responsible for this incident? If yes, please detail_____
_____
_____
Type of injury (cut, sprain, bruise, fracture, etc.)_____
Which part of body injured (be specific)_____
Are there any safety issues that contributed to this injury? If so, please detail:_____
_____
_____

List all witnesses to this incident:_____
_____

Name of Medical facility where employee taken_____

Phone # and address of medical provider_____

_____

Do you know, or have you heard, any information regarding this incident that FirstStar HR should know? _____
_____
_____

Supervisor or Foreman completing this report:_____
Please print name and phone #

Signature_____

*******REPORT DUE WITHIN 24 HOURS OF ACCIDENT*******

Please ensure that the Employee Incident Report and Witness Statement Report are completed

PLEASE FAX TO:

RISK MANAGEMENT DEPARTMENT--(972) 404-0380