

EMPLOYEE / SUPERVISOR NON-MEDICAL INJURY SHORT FORM REPORT

PLEASE TYPE OR PRINT

EMPLOYEE INSTRUCTIONS:

1. Notify your supervisor of your injury immediately.
2. Complete employee portion within 24 hours of the injury.
3. Sign and date the completed employee portion.
4. Submit the report to your Supervisor.

Employee Name (as it appears on payroll)		Date of Birth:	Employee ID Number	
Street Address		City		
Job Title:		Department	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire:
Work Telephone ()	Home Telephone ()	Time Employee Began Work: Time of Injury:	AM PM AM PM	Date of Injury:
DETAILS OF THE ACCIDENT/INJURY: Give your account of the accident or injury. Include:				
ACCIDENT LOCATION				
WHAT HAPPENED				
THE NAMES OF ANY WITNESSES				
THE NATURE OF YOUR INJURY				
Have you ever been treated for a similar injury or condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Date(s) of Treatment	Name of Practitioner, Hospital or Clinic Which Provided Prior Treatment for Similar Injury:		

Please read carefully. Any person who knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree. I have reviewed, understand and acknowledge the above statement.

✍ **Employee Signature** _____

Date _____

SUPERVISOR'S REPORT

This short form may **only** be completed if **all** of the following conditions are met:

- The accident and/or injury was minor in nature. (minor cuts, scratches, bruises, etc.)
- No medical attention (except simple first aid) was required. (wash cut, apply bandage, cold compress, etc.)
- No medical costs were incurred or are expected to be incurred.
- The employee returned to his/her job immediately and no absences are expected.
- The supervisor agrees with the employee's account of the accident or injury.

I certify that I have conducted an investigation to determine the circumstances surrounding this accident and/or injury, and that all of the above conditions have been met. Further, I certify that I will take, or have already taken, measures to reduce the likelihood of such an accident and/or injury reoccurring.

Supervisor's Name & Title (Printed)	Supervisor's Signature **	Date
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