



Accident Injury Report

Employee's Statement:

Employee's Full Name: _____ Date of Birth: _____

Social Security #: _____ Telephone #: _____ C H

Your Home Address: _____

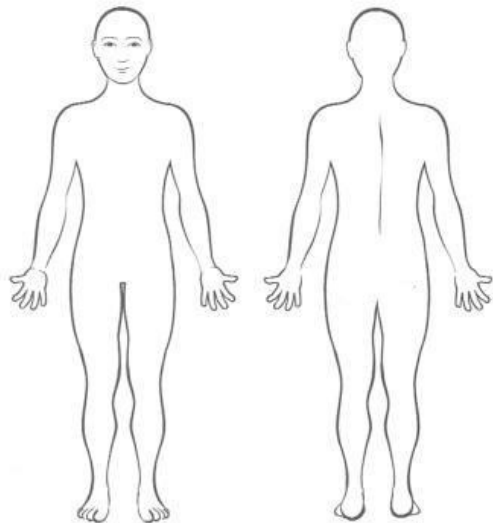
^{19a} Date of Injury: _____ ^{19b} Time of Injury: _____ ¹¹ Occupation When Injured: _____

Time You Began Work: _____ Name of Person Notified: _____ Date Employer 1st Notified: _____

²⁴ Location Where the Accident Occurred: _____ ²⁶ Name Any Witnesses: _____

²⁵ Describe how you were injured. Please give details of what you were doing.

Place an "x" in the exact location of all injuries:



²⁷ Name the specific part of your body that was injured (e.g. Upper Left Arm):

What do you think caused the accident?

Do you have any suggestions that might prevent such an accident?

Employee Signature _____

Date _____

Supervisor's Statement

Name: _____

Department: _____

Date You Became Aware of the Accident:

Has the Employee Returned to Work? Yes No

If Yes, When?

Did the Employee Miss Any Work Time Because of the Accident?
Give the Details and Times:

Does the Employee Have Any Restrictions Because of the Accident?
If Yes, Give Details?

What Do You Think Caused the Accident?

Do You Have Any Suggestions That
Might Prevent Such an Accident?

Supervisor's Signature _____

Date _____

Note: If the injured employee has been unable to complete the top portion of this Report, the supervisor must fill in these sections of the Employee's Statement:

1 11 19a 19b 24 25 26 27

HR USE ONLY

Employee's Hourly Wage:

Employee's Weekly Wage:

- FAO OHV NT
 OP ER
 Referred to EHS for follow-up

Report to WC Carrier

Yes No

Recorded on OSHA Log

Yes No

Completed

Initials

Date Received:

Received By:

HR Director Signature _____

Date _____

REPORTING EMPLOYEE ACCIDENTS

(Procedure for personal injury, not damage to motor vehicle or to School property)

PROCEDURE

1. The employee notifies her/his supervisor that an accident has occurred. For purposes of this procedure, "supervisor" is defined as the individual responsible for the employee or for the area in which the employee is working.

By Law, the notification by the employee must occur as soon as possible after the accident.

2. The supervisor provides the employee an "Accident Report" form.

If the employee is not available or cannot provide written information, the accident report still must be filed. The supervisor must provide as much information as possible. Specifically, the supervisor must complete the following sections on the first page of the accident report:

1, 11, 19a, 19b, 24, 25, 26, 27

3. The employee completes the first page of the accident report.

If the supervisor has already supplied some of the information because of the circumstances described in #2 above, the employee still must provide her/his own statement in full as soon as possible after the accident.

4. The employee gives the accident report to her/his supervisor.
5. The supervisor completes the "Supervisor's Statement" section of the accident report.
6. The supervisor send the completed accident report to the Human Resources department.

The completion of the accident report must be done as soon as possible, but never later than 3 days after the accident.

7. The HR department completes the "First Report of Injury" form, using the information from the SPS accident report.
8. The HR department assures copies of the First Report of Injury, and any other required forms or supporting documentation, are sent to the State of New Hampshire and the SPS Worker's Compensation Insurance provider (if a qualified injury).

The State of New Hampshire must be notified no later than 5 days after the accident.