



Name: _____ Position: _____
Date: _____ Time of Accident: _____ Date & Time Reported: _____

Description of Accident:

--

Nature of Injury:	Treatment:

Witness:	Outcome:

Supervisor Initials: _____ Employee Initials: _____ Contacted Campus Security for first aid: yes no

Name: _____ Position: _____
Date: _____ Time of Accident: _____ Date & Time Reported: _____

Description of Accident: