ALEXANDER COUNTY
ACCIDENT REPORT

Instructions: Employee or Supervisor must complete report. If more room is needed, continue in a Word document and attach it.

Employees are required to complete this form for all incidents. This form should be completed in its entirety and should be an accurate and truthful account of the accident/incident. Providing false and/or misleading information may result in disciplinary action up to or including dismissal and/or additional criminal and/or civil liability.

Employee Information

Name (full)	Employee #	Status FT ☐ PTWB ☐ PTNB ☐ PTWR ☐	☐ Male ☐ Female

Contact Number	Department / Division	Date of Hire
Supervisor Name		Supervisor Contact Number

Date / Location of Accident / Incident

Date and Time am/pm of Accident/Incident Date: Time:	Date and Time am/pm Reported to Supervisor Date: Time:	Work Address:

Accident/Incident Location (address, building name, office, cross streets, fire name, woods, facility, room#, etc)

County Accident/Incident took Place:

Witness Information

Were there any witnesses to the accident/incident? ☐ Yes ☐ No Number of Witnesses (if applicable):

If yes, list all known witnesses / phone #'s below, please include additional names on attachment if needed.

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Medical Information

Part(s) of the body injured:

Description of Accident / Incident

What was the root cause of the Accident / Incident?

Suggested Corrective Actions

Signature

I hereby certify that the information I have provided is true and accurate. Any inaccurate or false statements may result in a delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied.

Employee Name	Signature	Date

Supervisor Accident Investigation Report

Instructions: Forward all reports within 24 hours to the Risk Management Specialist.
If more room is needed, continue in a Word document and attach it.

Department/Division:	Date of Accident/Incident:
Employee Name:	Employee Phone #:
Supervisor Name:	Supervisor Contact Number:

Accident/Incident Classifications (check all that apply):

☐ Near Hit ☐ Injury ☐ Fatality ☐ Property Damage ☐ Spill ☐ Possible Blood Borne Pathogen Exposure

Employee Required:

☐ First-Aid Only ☐ Medical Treatment and released ☐ Hospitalized ☐ Other:

Employee:

☐ Returned to work no restrictions ☐ Returned to work with restrictions ☐ Did not return to work (Lost time)

Hazard Type (select one based on origination of injury in this preference order)

☐ Violence or injuries caused by people or animals ☐ Transportation ☐ Fires or Explosions
☐ Slips, Trips, Falls ☐ Fall from Elevation ☐ Exposure to harmful substances or environment
☐ Contact with objects or equipment (Struck By, Struck Against, Caught-on, Caught-between, Puncture, Cut) ☐ Over-Exertion (lifting)
☐ Bodily Motion (reaching, twisting, running) ☐ Other (List Here):

Names of Witnesses Interviewed:

Accident / Incident Information

Describe the specific activity the employee was engaged in and the sequence of events. Include objects or substances that directly injured or made the employee ill. Describe tools, equipment, and PPE in use. Describe property damage. Attach photos or police reports. Describe the estimated damage to any vehicles or equipment (make, model, ID number, etc.)

Is the activity part of the employee's normal job?	Prior to beginning activity, did the employee review potential hazards / dangers?	Date employee last received training for the activity.
☐ Yes ☐ No	☐ Yes ☐ No	

What was the root cause of the accident / incident?
Action taken or will be taken to prevent reoccurrence (If corrective action will occur in the future, provide estimated completion date.)

Alexander County Supervisor's Accident Report – Continuation

Accident / Incident Breakdown by Characteristic – Check all that Apply

Nature of Injury

- ☐ Amputation or Enucleation
- ☐ Assault
- ☐ Burn or Scald
- ☐ Contusion, Bruise
- ☐ Electric Shock
- ☐ Eye, Foreign body in
- ☐ Fracture, Broken Bone
- ☐ Freezing, Frostbite
- ☐ Hearing Loss or Impairment
- ☐ Heat Exhaustion, Sunstroke
- ☐ Infection
- ☐ Inhalation Injury-Toxic Substance
- ☐ Insect Bites
- ☐ Laceration (Cut)
- ☐ Multiple Injuries
- ☐ Needle Puncture
- ☐ Rash
- ☐ Scratches, Abrasions
- ☐ Sprain, Strains
- ☐ Other:

Part of Body Affected

- ☐ No Physical Injury
- ☐ Head
- ☐ Neck
- ☐ Eyes (including Vision)
- ☐ Arm(s) (above Wrist)
- ☐ Hand(s) (including Wrist)
- ☐ Finger(s) and Thumb(s)
- ☐ Upper Extremity, Multiple Parts (shoulder, arm, forearm, wrist, or hand)
- ☐ Abdomen
- ☐ Back
- ☐ Chest
- ☐ Hips
- ☐ Shoulder(s)
- ☐ Trunk, Multiple Parts
- ☐ Leg(s) (above Ankle)
- ☐ Foot (including Ankle)
- ☐ Toes
- ☐ Lower Extremity, Multiple Parts (from the hip to the toes)
- ☐ Multiple Parts of Body, Severe
- ☐ Digestive System
- ☐ Respiratory System
- ☐ Circulatory System
- ☐ Skin
- ☐ Other:

Type of Accidents

- ☐ Bodily Reactions (Sprains, Strains, Rupture, Etc.)
- ☐ Caught In, or Between
- ☐ Contact with Extreme Temperatures (Fire, Cold)
- ☐ Disease Exposure
- ☐ Electrical Shock
- ☐ Falls (All Types)
- ☐ Noise Exposure
- ☐ Repetitive Motion
- ☐ Rubbed or Abraded by Object
- ☐ Struck Against Object
- ☐ Struck by Flying Object
- ☐ Struck by Other Object / Person
- ☐ Toxic Materials Exposure
- ☐ Vehicle or Equipment Accident
- ☐ Other:

Safety Equipment in Use

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ Goggles
- ☐ Face Shield or Welder Helmet
- ☐ Gloves
- ☐ Fire Shirt
- ☐ Fire Pants
- ☐ Safety Shoes
- ☐ Fireline Boots
- ☐ Ear Protection
- ☐ Respirator
- ☐ Lanyards & Lifelines
- ☐ Fluorescent Vests
- ☐ Warning & Control
- ☐ Seat Belts
- ☐ Shoulder Harness
- ☐ Safety Equipment, National Electrical (NEC)
- ☐ Other:

When submitting this report, include pictures of incident location, equipment in use, the vehicle used, and any third-party reports (police, etc.)

Supervisor / Manager Signature

I hereby certify that the information I have provided is true and accurate. Any inaccurate or false statements may result in a delay in process of this claim. I further understand that this information may be sued to determine whether the claim will be paid or denied. I also acknowledge that I understand that in addition to being disciplined for providing false and/or misleading information up to and including dismissal, I may also be subjected to additional criminal and/or civil liability.

_____	_____	_____
Supervisor's Name	Signature	Date of Report
_____	_____	_____
Manager's Name	Signature	Date of Report

The Supervisor will obtain the Managers' signature and forward signed copies of the Employee Report, Witness Statements, and the Supervisor's report to the Risk Management Specialist.

_____	_____	_____
Risk Management Specialist	Signature	Date of Report

Date Corrective-Action Completed: