



REPORT OF ACCIDENT/INJURY

You must also call the Company Nurse Hotline to Report Accidents/Injuries at 1(877) 518-6702 Search Code NSIO3

Name of injured employee: _____

Home Address: _____

Phone Number: _____ Employee ID Number: _____

Date of Birth: _____

Occupation: _____ Date of Hire: _____

Department in which employed: _____

Work Schedule (hours per day, days per week): _____

Where did the accident occur? _____

Date of Accident: _____ Hour: _____ A.M. or P.M.

Time you usually begin work: _____ Date you last worked: _____

Who was notified of this accident? _____

Please describe fully the event that resulted in injury. Describe what happened and how it happened.

What area of the body was injured? _____

Were safeguards provided and/or in use or does this not apply? _____

Name and phone number of witness(es): _____

Employee Signature: _____ Date: _____

Upon completion of this form please submit it to the Human Resources Office, Main Campus, Room #120 or by email to awestlund@shastacollege.edu