

# Accident Report and Analysis

This form along with the state required form (either 118 or 101) must be filled out by injured employee's supervisor. Once completed, both forms should be forwarded immediately to the Department Administrator/Payroll Coordinator, who will forward them to Risk Management. Attach any additional information that may be useful in processing the claim. The supervisor must report any unsafe work condition to BU Environmental Health & Safety immediately.

**This form must be completed by supervisor within 24 hours of the accident.**

<b>Supervisor</b>	<b>Telephone</b>		
<b>Employee Name</b>	<b>Employee BU ID #</b>		
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone Number</b>	<b>Work Phone Number</b>		
<b>Date of Birth (mm/dd/yyyy)</b>	<b>Sex</b>	<b>Date of Hire (mm/dd/yyyy)</b>	
<b>Department</b>	<b>Job Title</b>		
<b>Days Worked</b>	<b>Shift Hours</b>	<b>Full/Part-time</b>	
<b>Date of Injury (mm/dd/yyyy)</b>	<b>Time of Injury (hour:minute am/pm)</b>	<b>Body Part Injured</b>	

**Date Employee Notified Supervisor of Accident**

**Address where incident occurred**

YES	NO
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On Employer's Premises?

Regular Occupation when Injured?

**Employee's Account of Accident**

YES	NO
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Witnesses? If yes, name(s) of witnesses:

Describe any unsafe act or unsafe conditions that may have contributed to the accident

What actions have been taken to prevent reoccurrence?

YES NO

Has Environmental Health & Safety been informed?

**COMPLETE IF LIFTING INJURY** 

What was employee lifting?

How much did it weigh?

To what height was employee lifting?

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Supervisor Comments

Supervisor Signature

Date