

# WSU Supervisor's Report of Accident

WSU Environmental Health Safety

Phone (801) 626-7547

Fax (801) 626-8530

*(Please complete and return to WSU Worker's Comp, mc 3002)*

<b>Injured Person's Information</b>	
Name:	W#:
Status <i>(Check one)</i> : <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor	Supervisor <i>(If Employee)</i> : Job Position/Title:
<b>Accident Information</b> <i>(To be completed by everyone)</i>	
Accident Date:	Accident Location:
Accident Time:	
Task being performed when accident occurred:	
Accident Results: <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage	Number of Workdays Lost:
Witness Name(s) <i>(Include phone numbers if available)</i> :	
Describe how the accident occurred:	
What Actions, events, or conditions contributed most to this accident?	
Was safety equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was it used? (Please describe):	
What can be done to prevent future accidents of this type?	
<b>Injury Information</b> <i>(To be completed by everyone)</i>	
Medical Treatment:	<input type="checkbox"/> First aid administered at workplace <input type="checkbox"/> Medical treatment required
<b>Signature Section</b>	
Signature of Supervisor:	Date:
_____	_____