

Weber State University

Injured Persons Report of Accident

(Please complete & return to WSU EH&S office, mc 3002)

Employee Information	1 Last Name, First Name, Middle			2 Social Security Number				
	3 Home Address			4 Home Phone				
	5 City, State, Zip Code			6 Work Phone				
	7 Date of Birth		8 Gender D Male D Female	9 Number of Dependents		10 Date Hired		
	11 Job Title		12 Employment Type D Hourly D Contract		13 Employment Status D Full Time D Part Time D Seasonal D Volunteer			
	14 Wage Rate D Hour D Day D Week \$_____ per D Month D Annual D Other_____				15 Hours per Week			
	16 Department		17 Supervisor		18 Supervisor's Phone			
Accident and Injury information	19 Date of Injury		20 Time of Injury		21 Time Shift Began		22 Date Injury Reported	
	23 How did Injury Occur? (Please describe in detail)							
	24 Parts of Body Injured (Please be specific)							
	25 Has this part of the body ever been injured before? D Yes D No (If yes please describe below)							
	26 Location Where Injury Occurred				27 Witnesses			
	28 Type of Treatment Date Treatment Received_____				29 Physician Name		30 Clinic or Hospital Name	
	D No Treatment D On-site Treatment DIHC Workmed D Emergency Room D Hospitalization D Other (answer questions 29-31)				31 Address		32 Telephone	
	33 What can be done to prevent future accidents of this type?							
33 Employee's Signature						Date		

WSU's Environmental Health and Safety Office (EH&S)
 Phone (801) 626-8004 Fax (801) 626-8530