STEWART RICHEY CONSTRUCTION | CONTRACTING GROUP SERVICE GROUP GENERAL CONTRACTING

ACCIDENT REPORT

(To be completed by EMPLOYEE – regardless of the seriousness of the incident)

EMPLOYEE NAME:_____ DATE OF NOTICE:_____

DIVISION:_____ DATE OF INCIDENT:_____

Employee Address:_____ Phone No.:_____

_____

Date of Birth:_____ Time of Incident:_____

Specific body part(s) affected: (knee on left leg, right shoulder, etc. – *be SPECIFIC*)_____

How the incident occurred:_____

_____

_____

Where the incident occurred (job site):_____

Name(s) of Witness(es):_____

Name of the person you reported the incident to:_____

Name of your immediate supervisor:_____

Have you or do you intend to receive medical attention for this injury? □ YES □ NO

If yes, where did or will you receive medical attention:_____

Did your employer authorize this medical treatment? □ YES □ NO

If no, explain why not:_____

Please sign here to indicate you were offered, but you declined to receive medical treatment for this incident:

_____

What could be done to prevent this type of incident from happening again?

_____

_____

Employee Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____