

Adrian College
Employee Report of Accident or Injury

NAME: _____

Date and Time of Injury: _____

Scheduled Work Hours: _____

Where did the incident happen? _____

Describe what happened (Continue on back if needed): _____

Please describe your injury (list all body parts involved): _____

List any witnesses to the incident: _____

When did you report the incident? _____

Who did you report it to? _____

Employee Signature

Date

At the time of this report, I am declining evaluation and/or treatment.

Employee Signature

Date