FIRST REPORT OF WORK-RELATED ACCIDENT

INSTRUCTIONS: All work related accidents must be reported to the Office of Human Resources (x2268) as soon as possible. Complete this form and send it to the Office of Human Resources ***within 24 hours of any accident***. If there is a serious injury, obtain immediate medical treatment; transport worker to Cooley Dickinson Emergency Room (or call ambulance if necessary and Public Safety at x5555).

SECTION I - Incident Report (to be completed by worker):

Time work shift began: ________________ ☐ AM ☐ PM

Date of injury: ______________________ Time of injury: _______________ ☐ AM ☐ PM

Name of Supervisor (print): ____ Date Supervisor Notified: ____________

Exact location of where the incident occurred (ex. King/Scales kitchen): ______________________________

INJURED BODY PART (incident type):

☐ Arm	☐ Right	☐ Left
☐ Leg	☐ Right	☐ Left
☐ Hand(s)	☐ Right	☐ Left
☐ Wrist	☐ Right	☐ Left
☐ Ankle	☐ Right	☐ Left
☐ Back	☐ Lower	☐ Upper
☐ Neck		
☐ Face		
☐ Head		
☐ Other (describe) ______________________		

NATURE OF INJURY (medical condition):

☐ Sprain
☐ Strain
☐ Contusion / Bruise
☐ Laceration / Cut
☐ Abrasion / Scrape
☐ Burn
☐ Fracture
☐ Electrocution
☐ Other (describe) ______________________

Brief description of injury (ex. sprained wrist): ____

Worker's description of how the injury occurred (incident comments): ______________________________

____

Worker's recommendation of how to prevent recurrent of this incident: ______________________________

____

SECTION II - Worker Information & Medical Release (to be completed by worker)

☐ Employee ☐ Student Worker ☐ Volunteer ☐ Agency Temp ☐ Summer Program

Smith ID#: ________________________ **Name:** ______________________________________

Home Address: ____

Home Phone Number: ______________________________ Date of Birth: ___________________

"I hereby authorize Smith College and ISCC or TPA (or any of their representatives) to be furnished any information and facts regarding this injury, including reports and records, diagnosis results, treatment and prognosis, x-rays, disability estimates and recommendations for further treatment."

A copy of this authorization shall be effective and valid. Smith College provides transitional duty work will work with you to accommodate your injury. If seeking medical attention, you are required to provide medical documentation to the Office of Human Resources after every appointment.

Workers Signature: ____ **Date:** _________________

SECTION III - Supervisor Report (to be completed by supervisor)

Medical treatment received (worker must submit all medical documentation to the Office of Human Resources):

☐ Emergency Room ☐ The Work Connection/Holyoke Medical Center ☐ First Aid ☐ None

☐ Primary Care Physician ~ Name/Phone #: ______________________________

Was any work time lost? ☐ Yes ☐ No If yes, expected lost work time? ______________________________

Description of incident (print clearly):

Describe the worker's injury (ex. Chemical burn, left hand): ______________________________

What happened (ex. missed last step, fell)? ______________________________

____

What object or substance directly harmed the worker (ex. concrete floor)?______________________________

Who witnessed the incident?______________________________

Did the injury result from unsafe work conditions or equipment? ☐ Yes ☐ No

Would safety equipment (gloves, glasses, shoes etc.) have prevented/lessened the injury? ☐ Yes ☐ No

If yes, explain:______________________________

What actions can be taken to prevent the recurrence? ______________________________

____

Signature of Worker: ______________________________ **Date:** ______________

Supervisor Signature: ______________________________ **Date:** ______________

Signature Dept Head/Chair: ______________________________ **Date:** ______________

Signature Human Resources: ______________________________ **Date:** ______________

For HR use only:

Date Received: ______________

Case/Incident #: ______________

__ Notice Only
__ Medical Only
__ Medical/Lost Time
__ Form 101