

ARKANSAS STATE UNIVERSITY-NEWPORT EMPLOYEE INJURY REPORT

INSTRUCTIONS: Fill out and duplicate -- Send original to Human Resources.

INJURED EMPLOYEE 1) Name _____ Sex _____
 2) Title _____ Dept. _____
 3) Home Address _____ Phone: _____
 4) Where did the accident occur? _____
 5) Date of accident _____ at _____ o'clock _____ m.

6) Describe fully how accident occurred: _____

 CAUSE OF ACCIDENT 7) Machine, tool, or appliance most closely connected with the accident: _____

 8) Name and address of third party (if any) causing injury: _____

 9) Suggestions for prevention of similar occurrence: _____

10) Nature of Injury – describe fully (use back of form) _____

 NATURE AND EXTENT OF INJURY 11) Did injury cause loss of time? _____ From What Date? _____
 12) Has injured returned to work? _____ On What Date? _____
 13) If not, give estimate of probable return: _____
 14) Name and address of witness, if any: _____

 15) Nature and extent of property damage resulting:
 (a) To University property _____
 (b) To property of third person _____

MEDICAL AND HOSPITAL 16) Did employer provide or authorize medical attention? _____ yes _____ no _____
 17) Physician _____ Address _____
 18) Hospital _____ Address _____

Department Head Signature

Date