

Bard Office of Human Resources

Employee Accident Report Form

Please contact Human Resources as soon as possible (within 24 hours) 845-758-7372. Fax: 845-758-7826 or Email: hr@bard.edu

1. Employee Information:

Name: _____ Phone: (____) - ____ - ____

Email: _____ Address: _____

SSN: _____ Sex: M__ F__ Date of Birth: ___/___/___

Job title: _____ Department: _____

Date of Hire: ___/___/___ Rate of pay: \$_____ Hourly or Salary

Regular work schedule: Su__ M__ T__ W__ Th__ F__ Sa__ Hours: __:__ AM PM to __:__ AM PM

Supervisor's name & contact: _____

2. Accident Information:

Accident Date: ___/___/___ Day of the week: Su__ M__ T__ W__ Th__ F__ Sa__ Hour: __:__ AM PM

Time began work (if different than regular work schedule): __:__ AM PM

Location of Accident: _____

Description of accident (what employee was doing, equipment using, etc.):

Witnesses & contact: _____

(If more room is needed, please attach separate piece of paper.)

Description of injury (include nature of injury and part of body): _____

Received medical care on premises: Yes__ No__ If yes, please describe: _____

Name and address of physician or other health care provider: _____

Phone: (____) ____ - ____

Treated in emergency room: Yes__ No__ Hospitalized overnight as inpatient: Yes__ No__

Any missed time from work: Yes__ No__ Date returned to work: ___/___/___

Date Accident was reported: ___/___/___ To whom: _____

3. Preparer Information:

Name: _____ Phone: (____) _____

Dept: _____ Date: ___/___/___