

City of Hammond
Office of Human Resources

Employee Accident or Injury Report (Use an extra sheet of paper to explain what caused the accident)

Name:		Phone:	
Address:			
Date:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Position:		Department:	
Place of Injury- Employer's Premise? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Indicate Location-Street, City, Parish, State			
Part of Body Injured (hand, face, leg ,eye, back):		Nature of Injury (bruise, cut, sprain, twist):	
Needed Medical attention?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Date you return to work:	
What work activity was being done when injury occurred? (Give weight, size, and shape of material or equipment involved. Explain what you were doing with them. _____ _____ _____ _____			
What factors contributed to injury or incident? Describe fully the events which resulted in injury. Explain what happened and how it happened. _____ _____ _____			
List and describe any property damage: _____ If City vehicle involved: Unit #: _____ Year: _____ Model: _____			
Could this accident/injury have been prevented? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how? _____ _____			
Were all policies and procedures followed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explained: _____ _____			
Witness(es) Name & Telephone _____			
Employee Signature:			
Supervisor Signature:			