

DARTMOUTH

EMPLOYEE INJURY REPORT

Dartmouth policy requires that this report be filed within 24 hours of loss. This report must be completed in its entirety and emailed to Lisa.A.Roche@Dartmouth.edu and Risk.Management@Dartmouth.edu. Omission of information could result in a delay of benefits.

EMPLOYEE INFORMATION

Name (First, MI, Last):		Date of Birth:			
Email Address:					
Home Mailing Address:					
Home Physical Address:					
Home Phone #:	Work #	Cell #			
Gender:	Date of Hire:	Full-Time	Part-Time		
Department:		Occupation:			
Hours/day:	Days/week:	Wages	per:	hr	wk mo
Supervisor:		Supervisor's work #:			

ACCIDENT INFORMATION

Date:	Time:	am	pm
Location:			
Fully describe how accident happened:			
Weather at time of accident (check if a factor):		Ice/snow	Rain Wind
Person Notified:		Date Notified:	
Witnesses (Name and Phone):			
Part(s) of body injured:			
Type of injury (e.g. sprain, fracture, cut, etc.)			
Doctor:		Date of visit	
Hospital:		Date of visit	
Dick's House/Date of visit		Check if no treatment needed	

SUPERVISOR ACCIDENT INVESTIGATION (must be completed by supervisor)

Person Notified:		Date Notified:	
Has injured returned to work:	Yes	No	Date returned:
Same or different job:	Same job	Different job	Full or light duty: Full duty Light Duty
If not back, last day worked:	Estimated disability		

Please indicate if any of the following were factors in causing this accident:

Failure to follow instructions	Inadequate training	Ice/snow/rain
Wrong or defective equipment/tool	Defect in floor/ground	Improper lifting:
Should have requested assistance	Size/shape/weight of material handled:	
Other (explain):		

What has been or should be done to prevent this from happening again:

Responsible party for preventive action:

Employee's signature: _____ Date _____

Supervisor's signature: _____ Date _____

Please use the following space for additional details or information you would like to provide.