

# Sample Accident and Critical Injury Report

**Parish** \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Date and Time Report Completed: \_\_\_\_\_

Injured Worker's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_ Location of Injury: \_\_\_\_\_

Part(s) of Body Affected: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

First Aid Treatment: **Y N** Name of First Aider: \_\_\_\_\_

Employee Visit Doctor: **Y N** Date of Doctor's Visit: \_\_\_\_\_

Name and Address of Doctor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lost Time Injury: **Y N** Form 7 Completed (if appropriate): **Y N**

	Witness #1	Witness #2	Witness #3
Name:			
Address:			
Phone:			

1. Explain what happened, naming the hazards associated with the people, equipment, materials, environment and processes that contributed to the accident.

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2. List the recommendations.

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3. Make a sketch of the accident area.

4. This report was distributed to :

Name	Title	Date

5. If this is a critical injury, this report should be forwarded to the Diocesan Director of Human Resources within 24 hours of occurrence.