

**Saint Joseph's College  
Accident/Incident Form**

Name: \_\_\_\_\_  
Department: \_\_\_\_\_

Work ext: \_\_\_\_\_  
Position: \_\_\_\_\_

**THIS REPORT MUST BE FILED WITH THE HUMAN RESOURCES OFFICE  
IMMEDIATELY AFTER AN ACCIDENT OR INJURY. PLEASE PRINT CLEARLY.**

Date of Accident/Injury: \_\_\_\_\_ Time of Accident/Injury: \_\_\_\_\_  
Time work began: \_\_\_\_\_

1. Please describe in full detail how the accident/incident occurred.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of witness(es), if any, to the accident/incident.

\_\_\_\_\_  
\_\_\_\_\_

3. Nature of injury and part(s) of body affected (e.g. sprained little finger of left hand.)

\_\_\_\_\_  
\_\_\_\_\_

4. Name of object, substance or exposure that directly brought about the injury.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What other activities do you engage in outside of work that could also have a direct impact on this injury (examples: needle craft, hiking, jogging, canoeing)?

\_\_\_\_\_  
\_\_\_\_\_

6. Was medical treatment received for this most current injury? YES \_\_\_\_\_ NO \_\_\_\_\_  
a. Where was the treatment received?

\_\_\_\_\_

7. Was previous medical treatment received in the past on the part(s) of body affected noted above? YES \_\_\_\_\_ NO \_\_\_\_\_

a. If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

8. Did the employee miss any time from work? YES \_\_\_\_\_ NO \_\_\_\_\_  
Dates: \_\_\_\_\_

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Date

Received in Human Resources Office:

Date: \_\_\_\_\_

Time: \_\_\_\_\_