



Injury & Illness / Accident Report

(Failure to complete this form will result in non-compliance with the requirements of 29 CFR 1904, OSHA's record keeping rule)

Case Number: _____ Date First Reported to Employer: _____ Location Number: 108-86696

Name of Injured Employee: _____ Occupation: _____

Address of Injured Employee: _____

Date of Hire: _____ Date of Birth: _____ Social Security #: _____

Male or Female: _____ Part(s) of Body Affected: _____

Injury(ies) Incurred: _____ Department: _____

Company: Southland Utility Services, Inc., 555 US Hwy 331 N., DeFuniak Springs, Florida 32433 (850) 307-1176 FEIN: 59-3508830

Date and Time of Occurrence: _____ Time Employee Began Work: _____

Description of Occurrence: _____

Exact Location of Accident: _____

Date & Time Reported: _____ To Whom: _____

Witness(es): _____

Name, address, phone of treating facility or physician: _____

Was employee treated at an Emergency Room? ___ Yes ___ No ___ No Medical Treatment at this time.

Was the employee hospitalized overnight as in-patient? ___ Yes ___ No; Date Employee Returned to Work: _____

If employee died, when did death occur? Date of Death _____

Was the employee paid for the date of injury? ___ Yes ___ No; Hourly Wage: _____ Number of hours worked per week: _____

Note: Recommend that the injured employee's supervisor investigate & complete the following. Describe clearly how accident occurred. Tell what the employee was doing just before the injury occurred. Describe the activity as well as the tools, equipment or material the employee was using. What object or substance directly harmed the employee? Be specific. If additional space is needed use additional sheet. For motor vehicle accident, attaché diagram, pictures, and police report. _____

Analysis: What, in your opinion, was the contributing cause? Check all that apply.

Unsafe Condition(s):

Inadequate Personal Protective Equipment Unsafe Walking/Working Surfaces Defective Tools or Equipment

Hazardous Environment Improper Guarding Improper Ventilation Other

Explain: _____

Unsafe Act(s):

Horseplay Operating without authority Made safety device inoperative Improper attitude Failure to wear PPE

Failure to use proper tools or equipment Worked on Moving Equipment Took Unsafe Position Used Unsafe Equipment

Improper lifting, lowering, or carrying Unsafe equipment operation Lack of skill or knowledge Failure to secure or warn

Other Explain: _____

Prevention: What actions were taken to prevent a similar accident in the future? (If additional space is needed, use a separate sheet)

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____