

**GOSHEN COLLEGE  
ACCIDENT REPORT FORM**

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

Name of injured employee: \_\_\_\_\_ Phone: \_\_\_\_\_

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

SSN: \_\_\_\_\_ GC ID#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Hrs. worked per day: \_\_\_\_\_ Days worked per week: \_\_\_\_\_

Wages per hour: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Where did the accident or injury occur? \_\_\_\_\_

At what date/time did it occur? \_\_\_\_\_

Describe the injury in detail: \_\_\_\_\_

What caused the injury? (Include comments by eyewitnesses, injured employee, etc.) \_\_\_\_\_

Was first aid administered?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

By whom? \_\_\_\_\_

Is/Was hospital/doctor treatment required?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Attending Physician: \_\_\_\_\_

Will/Did the injury cause loss of time at work?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

When is the employee expected to return to work? \_\_\_\_\_

Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_

Accident Investigation by Safety Committee

1. What factors contributed to the accident (such as employee error or inattentiveness, equipment malfunction, environmental obstacles, poor work station design, etc)

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2. What action needs to be taken to prevent or reduce the reoccurrence of this accident?

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3. Specific plans to implement recommendations in #2 (who, what, when, estimated cost etc).

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Safety Committee Member

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Date Completed