

BALDWIN-WALLACE COLLEGE  
INJURY REPORT FORM  
(To be filed within 24 hours of occurrence)

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Last First Middle

Student \_\_\_\_\_ Student Worker \_\_\_\_\_ Employee \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Visitor \_\_\_\_\_

What days of the week do you usually work? # of Hours \_\_\_\_\_

\_\_\_\_\_ Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat

Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Home Phone (with Area Code) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Hire Date \_\_\_\_\_

Department Name \_\_\_\_\_ Job Title \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ Date reported to employee \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

Describe accident in detail: \_\_\_\_\_

\_\_\_\_\_

Type of injury and part of body involved: \_\_\_\_\_

Treatment By: \_\_\_\_\_ First Aid \_\_\_\_\_ Doctor \_\_\_\_\_ Health Center \_\_\_\_\_ Hospital \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Name of Hospital \_\_\_\_\_

Will injury cause loss of time? \_\_\_\_\_ For How Long? \_\_\_\_\_

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

Names of any witnesses: \_\_\_\_\_

What has been done to prevent a recurrence? \_\_\_\_\_

\_\_\_\_\_  
Employees Signature & Date Job Title

\_\_\_\_\_  
Supervisor's Signature & Date Title

Routing: Non-working students and visitors > [Purchasing](#) / All employees and student workers > [Human Resources](#)