All Generations Home Care, Inc.

EMPLOYEE REPORT OF INCIDENT / ACCIDENT

Date of report: _____

The following person reports an injury sustained in a work-related accident as described below.

Name (Print)			Employee Date of Birth			
Address						
City			State		Zip	

1.	Date of injury:		Time of injury:	AM PM
2.	Address where injury occurred:			

3.	Description of injury and part of body affected. Please describe below:
4.	Did you seek medical attention? (please select): ☐ Yes ☐ No

5.	Name of medical facility:		Phone Number	
	Physician		City	
	Address		State/Zip	

6.	Did you treat yourself? ☐ Yes ☐ No If yes, please state below what treatment you have done to date:_____ _____ _____
7.	Did you report this injury to anyone (please select): ☐ Yes ☐ No

	If so to whom:		Date/Time:	
8.	Where there witnesses? (please select) ☐ Yes ☐ No If yes, please provide information below:			
	Witness 1 Name		Phone	
	Address, City/State/Zip			

	Witness 2 Name		Phone	
	Address, City/State/Zip			
9.	**ANALYSIS**. Place a check in the appropriate box and detail your findings in the explanation section.			
	Were any unsafe conditions present? If yes, explanation required.			☐ Yes ☐ No
	Were all safety rules being followed? If no, explanation required.			☐ Yes ☐ No
	Was the equipment in good working condition? If no, explanation required.			☐ Yes ☐ No
	Was the employee performing an unsafe act? If yes, explanation required.			☐ Yes ☐ No
	Is this the employee's normal job? If no, explanation required.			☐ Yes ☐ No
	Was the employee working within the job description? If no, explanation required.			☐ Yes ☐ No
	Was the employee following agency policies? If no, explanation required.			☐ Yes ☐ No
	Explanation of analysis findings:			
10.	Report filled out by:		Title:	
	Employee Signature:		Date:	

Return completed form to Safety Coordinator/Lori Mortensen within 24 hours of incident

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For office use only:

11.	Was the employee referred to seek medical attention? ☐ Yes ☐ No
	If yes, describe referral process and follow up if needed:_____ _____ _____ _____ _____
12.	Based on the causes listed above, indicate what corrective actions will be taken to prevent a recurrence of this type of accident:_____ _____ _____ _____ _____