Hancock County E.S.C.
7746 CR 140
Findlay, Ohio 45840

# EMPLOYEE ACCIDENT REPORT

Employee Name _____ Social Security # _____ Date of Birth_____

Date of Accident _____ Time_____ ☐ AM ☐ PM

Home address_____ Phone_____ Sex ☐ M ☐ F

Does employee work anywhere else ☐ Yes ☐ No If yes, where?_____

Address _____ Phone_____

Date accident report to Supervisor_____ If accident was not reported within 24 hours, why late?_____

_____

Supervisor accident was reported to_____ Title_____

Was injured employee performing regular job at time of accident? ☐ Yes ☐ No

Length of Service with Hancock County ESC_____ On this job_____

Time shift started_____ AM PM

Did employee leave work early due to accident? ☐ Yes ☐ No Time left_____ ☐ AM ☐ PM

Date returned_____ Time returned_____ ☐ AM ☐ PM

Is this a reoccurrence of a previous work related injury ☐ Yes ☐ No If yes, what was the original date of injury?_____

Was first aid given to employee ☐ Yes ☐ No If yes, who gave first aid? _____

What first aid was given?_____

_____

Did employee seek treatment of a physician? ☐ Yes ☐ No Physician's name_____

Facility name and address _____ Phone_____

How was employee transported?_____

Part of body injured (i.e. left thumb, right upper arm, etc.)_____

Nature of injury(i.e. cut, burn, etc.)_____

Where did accident happen?(exact physical location)_____

Witness (name and phone number)_____

Employee's statement: (What happened, what you were doing, tools or objects involved, etc.)_____

_____

_____

Employee's signature_____ Date_____

RETURN COMPLETED FORM TO BOARD OFFICE

Reviewed by_____ Title_____ Date_____

Claim filed by Date Risk # 33200051-0