

BELMONT COUNTY
EMPLOYEE INCIDENT/ACCIDENT REPORT
(This form is to be used for all accidents and "near misses")
Please send a copy to the Human Resources Department

Employee Name: _____ Date: _____

Job Classification: _____ Employee SSN: xxx-xx-_____

Department: **Belmont County Engineer's Office** Age: _____ Sex: _____

Date of Accident/Incident: ____/____/____ Time of Accident/Incident: _____ AM PM

Address where Accident/Incident occurred:

How long have you worked in this Department? _____

What was your job assignment? _____

How long have you been on this job assignment? _____

In the space below, describe what happened. What were you doing? What equipment, machinery or substances were involved? if incident/accident resulted in injury please explain how were you injured?

Describe your injury or injuries, if any. Be specific. State the nature of the injury (cut, burn, bruise, etc.) and the specific part of body (right knee, left index finger, etc.):

Name of witnesses: _____

Did you seek any initial medical treatment? Yes No **IF YES THEN YOU MUST ALSO COMPLETE A FIRST REPORT OF INJURY FORM (FROI)**

If so, where? _____

When? _____

By whom? _____

What treatment was rendered? _____

What was the diagnosis? _____

Employee Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____