UNIVERSITY OF NEW ENGLAND
INNOVATION FOR A HEALTHIER PLANET

UNIVERSITY OF NEW ENGLAND
ACCIDENT REPORT

Employee Name _____ PRN # **910**
Home Address _____ Home Telephone # _____
Job Title/Position _____
Supervisor Name _____
Regular Work Schedule (days/times)
_____

****Please call UNE Security IMMEDIATELY, no matter how minor the accident/injury is perceived to be. Security can be reached by dialing ext. 2298 or (207) 602-2298. Please return the completed accident report to Security and HR (Cat Martins, fax 602-5902 or cmartins@une.edu).**

EMPLOYEE STATEMENT

_____ was injured at _____ on _____
(name) (location) (date)
at _____
(time)

1. Please describe in full detail how the accident occurred. _____
   _____
   _____
2. Time employee began work on day of injury _____
3. Name of witness(es), if any, to accident or injury _____
   _____
   _____
4. Please describe injury in detail and include parts of the body affected _____
   _____
   _____
5. What medical treatment did the injured employee receive?_____
   _____
   _____
6. If employee received medical treatment, name and address of provider _____
   _____
   _____
7. Was injured employee taken to the hospital?
   a. YES ☐ NO ☐
   b. If yes, how was injured employee transported? _____
8. Did employee miss any time from work after returning from medical treatment?
   a. YES ☐ NO ☐
   b. If yes, how much time did employee miss, and what is the expected date or time of return? _____
9. Will employee be returning to a doctor of other health care provider?
   a. YES ☐ NO ☐
   b. If yes, name and address of provider_____
      _____
      _____

_____ _____
Employee Signature Date

HUMAN RESOURCES OFFICE (Cat Martins)

1. A telephone call concerning this accident was received on _____ at _____ and
   (date) (time)
   and the person who called is _____.

2. This ACCIDENT REPORT was received in the Human Resources Office on _____, and the time was _____.

3. Additional Comments: _____

   _____

   _____

_____ _____

Signature/Human Resources Date

FOLLOW UP

ENVIRONMENTAL HEALTH AND SAFETY OFFICE (Ronnie Souza)

1. Accident Report received _____

2. Was safety equipment used? _____

   _____

   _____

3. If yes, was the equipment adequate? _____

   _____

4. **RECOMMENDATIONS**

   _____

   _____

   _____

_____ _____

Signature/Environmental Health & Safety Date