

Oakland University OCCUPATIONAL ACCIDENT REPORT

Supervisor Instructions: Complete the report and forward copies within 24 hours of accident for MIOSHA Compliance. (Do not have employee complete the report.)

**Report all Accidents to Public Safety, 3331
For Emergencies, Call 3333**

Personal Information

Name of injured _____ Social Security No. _____
last first middle

Home address _____ Telephone No. _____
street city zip

Campus address _____ Telephone No. _____
if student employee

Birthdate _____ Male _____ Female _____ University Student? yes ___ no ___ Marital Status _____

Employed by _____ Injured works in or from what building _____

Job title or description _____ Years on present job _____ Employment date _____

Name and title of person in direct charge of work _____ Telephone No. _____ Building _____

Description of Accident or Exposure to Occupational Illness

Date of accident _____ Time _____ a.m./p.m. Day of the week _____

What caused accident? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Give full details on factors which led or contributed to the accident.)

Where did the accident happen? _____ On University property? yes ___ no ___

Name of witness and department or address _____ Telephone No. _____

_____ Telephone No. _____

Description of Injury

Part(s) of body injured _____

Describe injuries _____

First aid/medical treatment (underscore which treatment was rendered)

_____ Graham Health Center Admitted? yes ___ no ___

On _____ at _____ Off campus hospital or doctor _____

Is subsequent treatment required? yes ___ no ___

If employee is unable to work on any day following date of injury, because of injury, complete the next line and report lost time and return to work date on INJURY REPORT.

Last date worked _____ Estimate days employee will be off work _____
month day year

If employee did not lose time, is a restriction of work or motion required, or transfer to another job? (Specify which)

Signature or injured employee (if available) _____ Date _____

Signature of supervisor _____ Date _____