

MIDDLEBURY COLLEGE

Human Resources
152 Maple St. Suite 203
Middlebury VT 05753
(802) 443-5465

REPORT ALL WORK ACCIDENTS OR INJURIES TO HUMAN RESOURCES WITHIN 24 HOURS

EMPLOYEE ACCIDENT / INCIDENT REPORTING FORM

Name of Employee: _____

Date of Birth: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Telephone #: _____

Employee ID#: _____ Date of Injury: _____ Time of injury: _____

Time your work shift began: _____ Supervisor: _____

Date Notified: _____ Location of Accident: _____

Witness: _____ Who did you notify?: _____

Body Part Injured: _____ Left or Right: _____

Describe what happened & the injury: _____

Do you/did you need to seek medical treatment? ____Yes ____No – not at this time.

Please contact HR if your situation changes and you need medical care.

- If you have a medical emergency seek treatment immediately at the hospital ER
- If your medical condition is not urgent, contact HR and you will be scheduled for an appointment with the College's Occupational Health Specialist

EMPLOYEE SIGNATURE: _____ **DATE:** _____