

K-State Student Union Employee Accident/Injury/Illness Report

For Supervisor or Department Head to Complete

Date Notified of Accident/Injury/Illness:

Time Reported:

Person Who Reported Accident/Injury/Illness to Supervisor/Department Head:

Location Where Accident/Injury/Illness Occurred and Explanation of Accident/Injury/Illness:

Was the Employee Performing Regular Job Duties at the Time of the Accident/Injury/Illness?

Yes No

Was Safety Equipment/Machinery Necessary, Provided and Used When the Accident/Injury/Illness Occurred?

Yes No ** N/A

**If No, Explain:

In Your Opinion, Was An Unsafe Act Being Performed at the Time of the Accident/Injury/Illness?

Yes ** No

**If Yes, Explain:

Indicate Any/All Conditions That May Have Contributed to the Accident/Injury/Illness:

Indicate Any Changes That Potentially Reduce or Eliminate the Hazard(s) Identified:

Comments:

Date

Signature of Supervisor/Department Head

For HR Use Only

Date Report Received: _____

Date Report Filed With WC Carrier (if applicable): _____