



Accident Report

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL 1245

NOTE: NCR Paper — no carbon required BUT PRESS FIRMLY!

1. Injured's name _____ Classification _____
Years of Service _____ Years in present job _____ Age _____
2. Company _____ Division _____ Department _____
3. Crew (Name and classifications) _____

Name and Classification of Immediate Supervisor _____
4. Date of Injury _____ Location _____ Weather _____
Description of Accident (be specific) _____

5. What has been done to prevent recurrence of accident? _____

6. Extent of Injury (burn, cut, broken bone, etc.) _____

7. Treatment _____
First Aid _____ Doctor _____ Hospitalized _____ Time Lost (days) _____
Permanent Injury _____ Partial _____ Total _____ Fatal _____
8. Investigation of Accident made by:
Company _____ OSHA _____ Union _____ Other _____
9. Report made by _____ Title _____
Address _____ Phone Number _____
10. Pink Slip _____ Workman's Comp. or etc. _____ Submitted?