

Kids Central Incorporated
PO Box 661
Norton, VA 24273



EMPLOYEE ACCIDENT FORM

(This form should be completed immediately following an accident and faxed to Human Resources)

Employee Name: _____ ID # _____

Date and time injury occurred: _____ : _____ AM PM

Where did accident occur? _____

Accident first reported to? _____ Date _____ Time _____ : _____ AM PM

Describe the accident exactly as it happened: _____

Describe all injuries: _____

Did anyone witness the accident? YES NO If yes, give names: _____

Was any medical care given at the scene? YES NO If yes, what kind? _____

Did you go to an Emergency Room or Clinic? YES NO If yes, complete the following:

Hospital or Clinic: _____

Doctor: _____ Treatment: _____

Employee Signature: _____ Date: _____

Human Resource use only

Date reported to HR: _____

Claimed filed? YES NO If so, date: _____

Date accident investigated and by whom? _____

Outcome and recommendations of investigation: _____
