BROWN

# *INJURY REPORT FORM*

Employees who are injured while working must notify their supervisor immediately and complete this form.
Supervisors must ensure completion of form, proper signatures, and delivery to the Insurance Office ***within 48 hours of injury***.
**Fax · 863-2208 Campus Box · 1845 Email · InsuranceOffice@brown.edu**

## Personal Information:

Name of injured employee_____ Sex: M☐ F☐ Date of birth_____

Home address (local for student workers)_____Telephone #_____

City_____ State_____ Zip Code_____ Last 4 digits of SSN_____

Marital Status: Married☐ Divorced ☐ Single☐

Check One: Admin Staff☐ Union Staff☐ Faculty☐ Graduate Student☐ Undergrad Student☐

*If student: Did mishap occur as direct result of course of study* ☐ *or employment* ☐*? Please check one.*

Job Title _____ Department_____ Date of hire_____

Supervisor's name_____ Campus phone number _____ Box number_____

Pay type: Weekly☐ Bi-Weekly☐ Monthly☐ Preferred language of employee: English☐ Spanish☐ Portuguese☐ Other☐

## Medical Information:

Did the mishap occur as a direct result of employment at Brown University? Yes☐ No☐

Did you go to University Health Services? Yes☐ No☐

Did University Health Services *refer* you to an another medical provider? Yes☐ No☐ If yes, Name_____

Did you see *any* medical provider (i.e. emergency room, private physician)? Yes☐ No☐ If yes, Name_____

Did you (or will you) miss any days from work? Yes☐ No☐ If yes, List dates _____

## Accident Information:

WHEN did the mishap occur? Date_____ Time_____ AM☐ PM☐

Time work day started? Time_____ AM☐ PM☐

Days normally worked each week: Sunday☐ Monday☐ Tuesday☐ Wednesday☐ Thursday☐ Friday☐ Saturday☐

WHERE did the mishap occur? (Please be specific)

WITNESSES? (Please indicate the name of anyone who was with you when you were injured or witnessed your injury)

HOW did the mishap occur? (Please be specific)

WHAT injuries were sustained, if any? (Example: cut-left hand, bruise-right knee)

**Employee's Signature** **Date**

*Unsigned or incomplete reports will be returned causing delay in processing*

## Supervisor Information: Corrective measures taken or planned.

**Supervisor's Signature** **Date**

*Unsigned or incomplete reports will be returned causing delay in processing*

## Review/Action:

BROWN

# REPORT OF POTENTIAL UNSAFE CONDITIONS

Accident Report on reverse side. Please use this side to report *potential* mishaps and unsafe practices. Make a copy for your records.

**Fax · 863-2208 Campus Box · 1845 Email · InsuranceOffice@brown.edu**

## Potential Accidents:

Name of originator_____Date_____

Campus box #_____ Campus telephone #_____

Has your supervisor been informed? Check one: Yes☐ No☐ If No, *will* you inform your supervisor ? Yes☐ No☐

NOTE: Confidentiality will be preserved if the originator desires.

## Description:

The Problem (Please be specific as to times, locations, and circumstances)

## Review/Action: