

Nature and Cause of Accident:

14a. Machine, tool, or object causing injury or illness (specify part of machine, etc.)
14b. What safeguards were provided?:
14c. Were safeguards utilized by employee? Yes [] No []
14d. If not, explain:
15. Describe in detail how the accident happened:
16. Describe nature of injury or illness, including specific parts of body affected:
17. Was on site minor first aid administered? Yes [] No []
18. Were University Police notified? Yes [] No [] If so UPD report #
19a. Does the employee need to seek medical treatment? Yes [] No [] Note: Treatment must be with an approved panel physician. The panel of physicians is located on the GMU Human Resources and Payroll website (http://hr.gmu.edu/workerscomp/wc.php) or by calling the Workers' Compensation Assistant at 703.993.7756. Cases requiring immediate medical attention may proceed to closest emergency facility.
20a. Are temporary modified duties required? Yes [] No []
20b. Will additional medical treatment by a physician be necessary? Yes [] No []
21a. Has employee returned to work? Yes [] No []
21b. If yes, date of return:
21c. If no, probable length of disability (doctor's estimate):

Comments:

Falsification of State records is a Group III offense, which may result in discharge. I certify the above information is true and complete.

Employee's Signature: _____ Date: _____

Prepared by: _____ Date: _____ Phone No. _____

Supplemental Information

Employee's Name:
Date of Injury/Illness:

Part II- To be completed by Employee's Supervisor. (Please answer all questions completely.)

1a. Date when you first knew of the accident:
1b. By whom were you first notified:
2a. Do you concur with the employee's statements in Part I? Yes [] No []
2b. If no, what discrepancies do you observe?
3a. Was the injury/illness job related?: Yes [] No []
3b. Was the employee on duty?: Yes [] No []
3c. If not, was employee on employer premises as a condition of employment?: Yes [] No []
3d. If not, was employee on employer premises as a member of the general public?: Yes [] No []
3e. If the injury/illness occurred off employer premises, was employee present as a condition of employment or in travel status and engaged in work or travel function?: Yes [] No []
4a. Was a safety appliance or regulation established at time of accident/illness?: Yes [] No [] N/A []
4b. Was employee aware of the safety appliance or regulation at time of accident/illness?: Yes [] No [] N/A []
4c. Was the safety appliance or regulation in use at time of accident/illness?: Yes [] No [] N/A []
4d. Was the accident caused by employee's failure to use safety appliance or observe regulations?: Yes [] No [] N/A []
Explain:
5. How could the injury/illness have been prevented?
6. What precautions have been taken to prevent future accidents of this nature?

Comments:

Supervisor's Signature and Title: _____

Date: _____