

First Report of Accident - Employee Statement

Please complete this form, answering all of the questions as completely as possible and signing the form at the bottom
Please write legibly. Give the completed form to your supervisor.

Employee Information

Name Employee Number
Home Phone Cell Phone Email Address

Job Information (at time of incident)

Department Name Job Title Normal Shift Hours

Incident Information

Today's date? Incident Date? Time of the incident?

Where did the incident occur? (be specific) _____

What job or task were you performing? _____

Have you performed that task before? _____ Have you ever received trained to do the task? When? _____

Describe the training(s) _____

What were you doing immediately before the incident occurred? _____

Where were you going and what were you going to do next? _____

Explain how the incident occurred, including the events leading up to the incident _____

Were you using any equipment? _____ Were you trained to use the equipment? When? _____

Describe the training(s) _____

Were there any problems or mechanical issues with the equipment? _____

How do you think this incident might have been prevented? _____

Treatment Information

Is medical treatment required? Yes No Have you been seen by a doctor for this incident? Yes No

Did you see Ski Patrol for the injury? Patrol Notified Treated By Patrol Transported By Patrol

If you wish to make any other comments, enter them here _____

Employee Signature

Date

Supervisor Signature

Date