

CAREER TEMPORARIES ACCIDENT REPORT

Report all accidents immediately to Career Temporaries. If medical attention is required, the employee may use their own physician or we will make arrangements for them. The following information should be completed and faxed to Career Temporaries at 918-335-2600.

Name of Injured Person:

(Last, First, Middle): _____

Social Security No.: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Hire Date: _____

Time of injury: _____ Time workday began: _____

Date of injury: _____ Date returned to work: _____

Occupation (Job description) _____ Location: _____

Give a brief description of what you were doing at the time of the accident:

Describe the injury and specifically what part(s) of the body were injured:

List witnesses to the accident: _____

What action was taken? _____

Name and address of treating physician: _____

Was the accident reported to your supervisor at the time of injury? _____

Name of Supervisor: _____

Report prepared by: _____