

**INJURY REPORT FORM**

Employees who are injured while working must notify their supervisor immediately and complete this form *within 48 hours of injury*.  
Form must be sent via **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 Typed Name****Date***Incomplete reports will be returned causing delay in processing***Supervisor Information:** Corrective measures taken or planned.**Supervisor's Typed Name****Date***Incomplete reports will be returned causing delay in processing***Review/Action:**



BROWN

**REPORT OF POTENTIAL UNSAFE CONDITIONS**

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

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:**