

BAY COUNTY LIBRARY SYSTEM EMPLOYEE'S PERSONAL INJURY REPORT

1. Social Security Number	2. Date/Time of Injury	3. Employee Name (Last, First, MI)	
4. Address (Number and Street)	5. City	6. State	7. Zip Code
8. Date of Birth (MM/DD/YY)	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Number Dependents	11. Telephone Number ()
12. Tax Filing Status <input type="checkbox"/> A. Single <input type="checkbox"/> B. Single, Head of Household <input type="checkbox"/> C. Married, Filing Joint <input type="checkbox"/> D. Married, Filing Separate	14. Immediate Supervisor		
13. Occupation	16. Last Day Worked	17. Date Returned to Work (if applicable)	
15. Location of Accident			

18. Describe the nature of injury or illness (Example: burn, cut, fracture)

19. Part of body directly affected by the injury or illness (Example: hand, arm, circulatory system)

20. Describe the event which caused the injury (Example: fell, operating machinery, chemical exposure)

21. Name the object or substance which directly injured the employee (Example: knife, acid, floor, oil)

22. Is injured an employee or volunteer? _____ 23. Is employee certified as vocationally handicapped? _____

24. Doctor	25. Address (Street, City, State, Zip Code)
26. Hospital	27. Address (Street, City, State, Zip Code)

Employee's Signature (ink) _____ Date _____

Supervisor's Signature (ink) _____ Date _____

SUPERVISOR'S INVESTIGATIVE REPORT

The primary purpose of this report is to detect and eliminate environmental hazards/unsafe procedures which contribute to accidents, injuries, and illnesses.

1. List witnesses _____

2. Why did it happen? _____

3. What should be done to prevent repetition? _____

Describe what took place or what caused you to make this investigation.

Get all the facts by studying the job and situation involved. Questions by use of: Why, What, When, Who, & How.

Determine which of the 12 items under EMP require attention:

Equipment	Material	People
Select	Select	Select
Arrange	Place	Place
Use	Handle	Train
Maintain	Process	Lead

4. What have you done thus far? _____

Supervisor's Signature (ink) _____ Date _____

Branch Librarian's Signature (ink) _____ Date _____

White copy - Personnel Department Yellow Copy - Branch Librarian Pink Copy - Employee

COMPLETE THIS FORM IMMEDIATELY AFTER AN ACCIDENT OCCURS