Paris Junior College Personal Accident Report

You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

Name:		Date:
Time of Accident:	Place of Occurrence:	·
Description of Accident (na	nture of injury, cause, equipr	ment involved):
Medical treatment provided	d (i.e. ambulance transporte	d to hospital):
Witnesses:		
Signature of reporting pers	son:	
Date:		

Please return completed form to Human Resources office.