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 (nature of injury, cause, equipment involved):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medical treatment provided (i.e. ambulance transported to hospital): __________________
________________________________________________________________________
________________________________________________________________________

Witnesses: ____________________________________________________________

Signature of reporting person: ____________________________________________

Date: ______________________________

Please return completed form to Human Resources office.