

Autistic Services, Inc. Staff Injury/Exposure Reporting Form

Your supervisor must be notified of all staff injuries and/or exposures. In addition, this form MUST be completed for all staff injuries and/or exposures and received in the Human Resources' office by the next business day. This will assist us in processing your claim in an accurate and timely manner.

Employee Name: _____

Date of Accident: _____ Time of Accident: _____

Name of Supervisor Notified and Date: _____

Time Your Shift Began: _____ Site Where Accident Occurred: _____

Employee's Usual Work Week: _____
(Days of Week Worked: SU, M, T, W, TH, F, SA)

What was Employee Doing When Injured? _____

How did the accident occur? _____

Initials of Program Participant(s) involved (if applicable): _____

Was there a witness? YES* NO If yes, name of Witness: _____

Object or substance (i.e. body fluids, chemicals, etc.) that directly injured or created exposure to employee:

Nature of injury/parts of body affected/exposed: _____

If exposed, were you wearing personal protective equipment (PPE)? YES NO

If yes, list: _____

Did the personal protective equipment (PPE) fail? YES NO

If yes, state how: _____

Did you seek medical care? YES NO* REFUSED _____

Signature

If yes, where did you receive treatment? _____

If yes, when did you receive treatment? _____

If yes, list time/date of notifying supervisor: _____

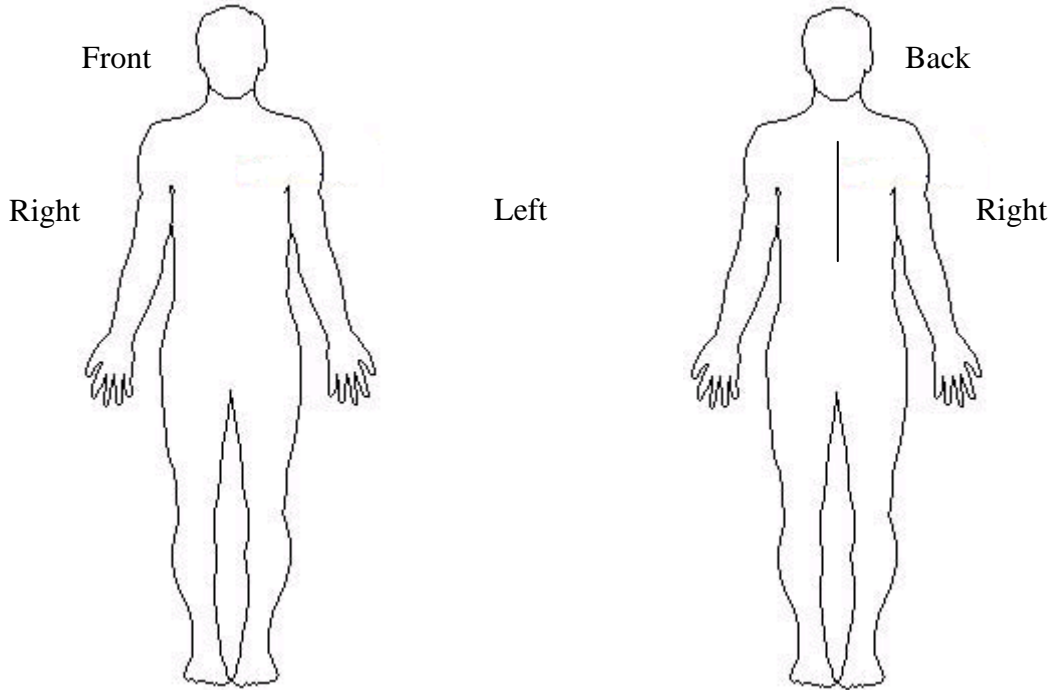
If yes, time/date notified Executive Director: _____

*If no, why did you not seek treatment? _____

**IF AN EMERGENCY, PLEASE SEEK MEDICAL TREATMENT AS SOON AS POSSIBLE AND
NOTIFY YOUR SUPERVISOR**

Staff Injury/Exposure Reporting Form

Circle on the diagram position or place of injury, if any:



Supervisor comments:

Signature of Staff completing form

Date

Supervisor Signature

Date

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NOTIFY YOUR SUPERVISOR**

Paper Trail: Staff Completing Form → Immediate Supervisor → Human Resources