OKLAHOMA BAPTIST UNIVERSITY

Office of Human Resources

Accident or Injury Report

Employee's Report of Accident or Injury					
Employee Name:					
Location:			Attending physician:		
Occupation:				Age:	
Date of injury:			Time:	☐ A.M.	☐ P.M.
Nature of injury (such as strain, cut, or bruise):					
Part of body that was injured (such as left hand or right ankle):					
Did you return to work?	☐ Yes	☐ No	Time:	☐ A.M.	☐ P.M.
Where and how did the accident happen?					
Specify any equipment, substance, or object connected with the accident or injury:					
What were you doing at the time of the accident or injury?					
Witness(es):					

Employee signature:	Date:
Supervisor signature:	Date: