University of Virginia Agency 207 Accident Report for Workers' Compensation Claim

Please complete this form and turn it in to your department's Human Resource Coordinator or designated Safety Coordinator. They will forward a copy to the University Human Resources Workers' Compensation Coordinator, Box 400127; phone number 434.924.1425.

Employee Information

Name:_____

Home Address:_____

Home Phone: _____Work Phone: _____Cell Phone: _____

Date of Birth: _____Sex: _____ Marital Status: _____

Department: _____ Sub Agency Code: _____

Occupation: _____Work hrs/day_____Date of Hire: _____

Employee Type (please check): Classified ____ University Staff ____ Hourly____ Faculty _____

Information About Time/Place of Injury

Date of Injury: _____Time:_____Exact Location: _____

Date Accident Reported: _____Reported Accident to:_____

Was Supervisor Notified (please check) Yes___No___ Supervisor Name:_____

Name of Witness(es)_____

Information About the Nature and Cause of Accident

Machine, tool, or object causing injury:_____

Nature of injury (broken bone, strain, burn):_____

Parts of body involved:_____

Was safety equipment used: Yes____No____If so, what kind:_____

Describe Fully How Injury Occurred

_____

_____

_____

_____

Was Medical Treatment Provided: Yes ____ No____ Where: _____

Was time lost from work: Yes _ No___ If yes, how long:_____

Date Returned to Work:_____

Employee Signature:_____Date: _____

(Falsification of records is a serious misconduct, which may result in discharge)

Supervisor in Charge at the Time of Accident (Please complete)

Was the employee doing something other than duties at the time of the accident: Yes_____ No_____

If yes, please explain:

_____

_____

Did a non-University person contribute to the accident: Yes_____ No_____

If yes, please explain:

_____

_____

Give accident causes and comment fully:

_____

_____

_____

Supervisors play an important role in providing safe work environments. What action is necessary to prevent reoccurrence of this type of accident:

_____

_____

Has corrective action been taken: Yes_____ No_____

If corrective actions requires additional assistance (i.e., investigation or resources), please contact the Office of Environmental Health and Safety at 434.982.4911. Assistance will be promptly provided.

Supervisor's Signature: _____Date:_____

Work Phone Number:_____

Space Provided for Additional Information as Needed:

_____

_____