

EMPLOYEE'S ACCIDENT/INCIDENT REPORT

Employees must report any accident or incident to their **Supervisor** IMMEDIATELY, and complete a written statement in support of their report; please fill in the following as completely as possible. Your supervisor will arrange for medical attention if needed, according to the guidelines below. **Witnesses** must also complete a written statement (attach to this document).

Human Resources (x3837) and/or the **EHS Manager (x3763)** MUST be contacted prior to obtaining voluntary outside medical attention, as outlined below.

Employee Name _____	Signature _____
Supervisor's Name _____	Department _____ Ext# _____
Witness(es) _____	Signature(s) _____

When did the incident happen?

Incident Date _____ Time (am/pm) _____ Shift Assignment _____ Overtime? _____

Where exactly did the incident happen?

What were you doing at the time of the incident?

How did the incident happen? If you were injured, please specify the injury type and body part(s) affected.

When did you report the incident to your supervisor? Reporting Date _____ Time (am/pm) _____

IF AN EMERGENCY, or if after normal work hours, please seek care at the Emergency Room of either Parkview Medical Center or Midcoast Hospital. **Security (x3500) should be contacted to arrange for any emergency services and/or transportation.**

Parkview Medical Center
Maine Street, Brunswick, ME 04011
373-2000

Midcoast Hospital
123 Medical Center Drive, Brunswick, ME 04011
729-0181

IF NOT an emergency, and during normal working hours (Mon-Fri, 8am-5pm), please make an appointment at either Occupational Health Associates (OHA) or US Healthworks; there are our **preferred providers**, because they:

- Have your job description on file, and know what tasks you perform at work on a regular basis;
- Are occupational health specialists, not general practitioners;
- Will authorize appropriate referrals to specialists, physical therapists, etc.;
- Are familiar with and willing to complete all required Worker's Compensation paperwork; and
- Will NOT charge a co-payment for treatment.

Occupational Health Associates
893 State Road (US Route 1), West Bath, ME 04530
442-8625

US Healthworks
430 Bath Road (US Route 1), Brunswick, ME 04011
443-5816

If the Accident/Incident involved **chemical exposure**, a copy of the MSDS sheet must accompany the employee to the hospital. All employees have the right to see their own physician and/or obtain a second opinion after 10 days from the date of the incident.