

Northeastern University Injury Report Form

Employee Name (Last, First, MI)		Home Address	
Social Security #		Sex (M/F)	Home Phone #
			Work Phone #
Date of Birth (mm/dd/yy)		Date of Injury (mm/dd/yy)	
Date of Hire (mm/dd/yy)	Occupation (Job Title)		Salary (annual or hourly)
Department		Supervisor Information (Name, Title & Phone)	
Campus Location Where Incident Occurred		Number of Days Lost from Work	
		Date Employee Returned to Work (mm/dd/yy)	
Identify Source of Injury (e.g., struck by object, wet floor, sharp object, chemical, etc.)			
Description of Bodily Injury (e.g., cut hand, lower back sprain, chemical splash in eye, etc.)			
Describe How Injury/Accident Occurred			
First Report of Injury (Name/Position Title)		Date Reported (dd/mm/yy)	
Name of Witness to Incident		Name of Hospital/Doctor's Office if Treated	
Department Head/Director Signature			Date