

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 924-8939.

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 982-4911. Assistance will be promptly provided.

Supervisor's Signature: _____ Date: _____

Work Phone Number: _____

Space Provided for Additional Information as Needed:
