UA Local 290
College of Mechanical Systems & Technology
20220 S.W. Teton Ave., Tualatin, OR 97062-8810
503-691-1997 • **l-866-299-6290** • Fax 503-691-0908

EMPLOYEE INJURY, ILLNESS, ACCIDENT REPORT

EMPLOYEE INFORMATION

Employee Name:	Last 4 SSN:
Home address:	
City, State, Zip:	
Home phone:	Business phone:
Date of Birth:	Gender:(circle one) Male Female

INCIDENT INFORMATION

Date of Occurrence:_____ Time:_____ Time left work:_____

Location of incident: _____

Describe what happened: _____

_____

_____

Describe any injury of illness that occurred as a result of the incident. (indicate right or left as appropriate) _____

_____

_____

_____

What was the direct cause of the incident? (machine, tool, substance, etc.) _____

_____

Do you plan to seek medical attention? (circle one) YES NO

WITNESS INFORMATION

Witness Name:	Phone Number:
Home address:	
City, State, Zip:	

_____ _____
Employee Signature Date

_____ _____
Supervisor's Signature Date

_____ _____
Director of Training Signature Date

Return to Tualatin Office