



UA Local 290

College of Mechanical Systems & Technology

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APPRENTICE INJURY, ILLNESS, ACCIDENT REPORT

APPRENTICE INFORMATION

Apprentice 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 or 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:			

Apprentice Signature

Date

Supervisor's Signature

Date

Director of Training Signature

Date