



THE INSTITUTE OF

Epidermal Cell Therapy

Date of Accident: _____ Person filling out Report: _____

Name of person injured: _____ Supervisor's Name: _____

Location of where accident took place: _____

Time of injury: _____

What was injured? (Be specific on injury): _____

How did injury occur? _____

Was first aid administered? Yes No

What first aid was administered? _____

Was an ambulance needed? Yes No

Did you go to the emergency room? Yes No



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Date of Accident: _____ Person filling out Report: _____

Name of person injured: _____ Supervisor's Name: _____

Did you go to the E.R. within 24 hours of injury? Yes No

If you did not go to the E.R., did you see your primary physician? Yes No

How long after injury occurred? _____

What was the outcome? _____

Note: An accident should be reported immediately, no matter how small, to your supervisor. You then need to complete an accident report and give it to your supervisor within 24 hours of accident.

Employee Signature: _____

Supervisor's Signature: _____