

Accident Reporting Packet

Employee Involved Name: _____

Manager Name: _____

When an accident occurs, no matter how minor, please call HR (contacts below) immediately and report the incident. If the injury requires more than basic first aid treatment, please call S-1 Medical at **(866) 221-4874**. You will then be told where to take the employee if required. If the injury is life threatening, please dial 911 first and then report the incident. Make sure that the main office receives the required incident reports within 24 hours.

Le'Teisha Allen 713-865-3252 Kavish Desai 347-968-7712

Checklist

I. Accident Reporting Packet

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|---|----------------|
| 1. First Report of Injury Form (DWC Form-1) | Yes ___ No ___ |
| 2. Incident Investigation Report | Yes ___ No ___ |
| 3. Witness Statement Form (One for each witness) | Yes ___ No ___ |
| 4. Consent for Drug/Alcohol Screen Testing Form | Yes ___ No ___ |
| 5. Employee Waiver Of Medical Treatment Form
* Only if employee feels he/she does not need to see a doctor | Yes ___ No ___ |
| 6. Authorization for Release of Medical Information Form | Yes ___ No ___ |

Please reach out to Costello Safety Consulting if you have any questions or require assistance with completing any part of this Accident Reporting Packet.

Main Office: (832) 786-8814
www.costellohse.com