



CITY OF RIVIERA BEACH

EMPLOYEE ACCIDENT/INJURY REPORT

Employee must complete report within three (3) hours of injury/accident and submit to immediate supervisor.
Supervisor must submit along with Supervisor's Report of Injury to Risk Management Division.

Employee Name: _____ Date of Birth _____

Social Security Number: _____ Date of Employment: _____

Home Address: _____

Home Telephone Number: _____

Date of Accident: _____ Time: _____ Location: _____

Witness: (if any) _____ Witness: (if any) _____

Address

Address

Phone

Phone

Nature and extent of injuries (part of body injured, i.e. upper left shoulder, middle finger on right hand bruised):

How did accident occur? (Be specific, use extra sheet if necessary):

Job or activity engaged in at time of injury (Be specific):

Describe any unsafe conditions, methods or practices related to the accident/injury:

Employee's Signature

Date

Supervisor's Signature

Date