



UMBC

Employee's Report of Work-Related Injury

University of Maryland Baltimore County

This form should be completed immediately after the accident or initial treatment. Please be sure to fill out all sections. Once completed, forms should be submitted to your supervisor as well as to UMBC Environmental Safety and Health at esh@umbc.edu. A confirmation email will be sent no later than 3 business days following submittal, if you do not receive a confirmation email then resent your form or call ESH at (410) 455-2918 during normal University business hours.

Employee Information

First Name

Last Name

Email

Phone

Marital Status

Date of Birth

MM/DD/YYYY format

No. of Dependent Children

Address

City, State, Zip

SSN*

Employment Information

Employment Status

Job Title

Employment Start Date

MM/DD/YYYY format

Time Workday Began

hh:mm AM/PM format (ex 08:33AM)

Department

Work Phone

Gross Wage (biweekly)

\$00,999

Supervisor Information

First Name

Last Name

Email

Phone

Witness Information (Names and phone numbers)

Witness 1

Witness2

Witness 3

Accident Information

Date of Accident

MM/DD/YYYY format

Time of Accident

hh:mm AM/PM format (ex 08:33AM)

Location

Bldg. and Area (hall way, office, etc)

Accident Details

describe the work-process you were engaged in, give the purpose of the function or task, describe how the injury occurred, and explain the cause

Part of Body Injured

be specific - example: right middle finger, left ankle, upper back

Type of Injury

example; sprain, sutured, contusion, burn {degree of burn}

Was Medical Treatment Sought?

No Yes

By checking this box I affirm the Information provided above is accurate to the best of my knowledge.