



BENSENVILLE FIRE PROTECTION DISTRICT ACCIDENT REPORT

Date:

Employee(s) involved in Accident:

Location of Accident:

First verbal report to:

Time of Accident:

Weather:

Report completed by:

Date & Time of first report:

Nature of Accident

Employee:

Last Day Worked:

(If work time was lost)

Medical Agency :

Sign consent on reverse side of this document

- On the job injury
- Occupational illness
- Blood/body fluid exposure
- District property damage
- Other property damage

DETAILED DESCRIPTION

Describe Accident	Object or substance responsible for injury or illness(Source)
Injuries or property damage/loss (Specify the nature and body parts affected)	Task being performed at time of injury/ accident
Medical Treatment	Contributing Factors- (hazardous conditions or methods) Lack of protective devices-Unsafe Acts

Witnesses	Attachments	Review
Witness 1:	<input type="checkbox"/> Bensenville Police Report	Battalion Chief Signature _____
Witness 2:	<input type="checkbox"/> Other Police Agency Report	
Witness 3:	<input type="checkbox"/> Photographs	
	<input type="checkbox"/> NFIRS Casualty Report	
	<input type="checkbox"/> Other	Chief Signature _____

Chief

Safety committee

Other

ACCIDENT PROCEDURE AND REPORTING INSTRUCTIONS

Reporting (For All Accidents)

- * Notify Chief, day or night of any accident involving the following situations:
 - Vehicle accident
 - District's facilities or equipment or the injury of a citizen
 - Any injury to a member of the District which requires the care of a physician and/or hospitalization.
- * Notification shall be made by the Battalion Chief or his or her designee.
- * At no time shall names of individuals injured or killed be communicated over the radio, or the extent of any injuries or damages incurred.
- * In the case of serious injury and/or fatality of a member of the District, no notification of the individual's family or next of kin shall be made, except by the chief or his designee. In the absence of the Chief, the Battalion Chief shall be notified, followed by the Lieutenant.

INJURIES

- * All injuries, no matter how minor, shall be reported to the Battalion Chief and an Injury Report form filled out, no matter the extent of the injury sustained. Injuries are classified as:
 - First Aid- an injury which requires no advance medical treatment and can be easily treated by the employee or another member of the District.
 - OSHA Recordable/Workmen's Compensation Injury- an injury which requires advanced medical treatment, which may or may not result in hospitalization.
- * Life threatening and severe emergencies as well as minor injuries requiring medical attention:
 - Go to the ER and advise that the injury is work related.
 - Follow the ER doctors orders regarding returning to work.
 - Copies of all documentation given at the ER regarding release/return to work orders are to be given to the Director of Administrative Services as soon as possible so that a Illinois form 45/First report of Injury form can be completed and submitted to Workers' Compensation.

OCCUPATIONAL ILLNESS/SIGNIFICANT EXPOSURE

- * Immediately, or as soon as possible after the incident, report the incident to the hospital staff and fill out any required Blood/Body Substance Exposure form per instructions on the front of the form. Also, report the incident to the Battalion Chief.

VEHICLE ACCIDENTS

- * Notify the local police
- * Do not discuss the accident with others.

Supervisor Comments