

EMPLOYEE

Denver Botanic Gardens Accident Form

Submit to Manager of Safety and Security: Brian Paulsen

Date Injured: ___/___/_____

Date Reported: ___/___/_____

INJURED PARTY INFORMATION

Name: _____ DOB: ___/___/_____

Address: _____

City: _____ Zip: _____ Phone: _____

Employment status: FT or PT Occupation: _____

INCIDENT INFORMATION

Did the incident occur on DBG premises? Y or N Incident Location: _____

Describe the incident: _____

Body part(s) injured: _____

Will employee lose time: Y or N Time started work: _____ am/pm Time of injury: _____ am/pm

Witness name: _____ Phone Number: _____

MEDICAL TREATMENT

Medical treatment given: Y or N Person rendering treatment: _____

Type of treatment: _____

Emergency Room: Y or N 911: Y or N

Hospitalized: Y or N Possible surgery: Y or N

REPORTING PROCEDURE

Employee notified: _____ Title: _____

SIGNATURES

Injured Party: _____ Date: ___/___/_____

Reporting Employee: _____ Date: ___/___/_____

Manager of Safety and Security: _____ Date: ___/___/_____