



ACCIDENT REPORT for SCSEP PARTICIPANTS

(Section I: Participant Statement)

Participant Name: _____

Home Address: _____ Phone Number: _____

Accident Date: _____ Time: _____ a.m. _____ p.m. Date Reported: _____

Was Accident on work premises? _____ If not, where? _____

Complete Accident Description:

What were you doing at the time of Accident?

Describe your injury: _____

Treatment Information:

Did you seek medical treatment? _____ If so, when? _____

Physician/Hospital Name: _____

Physician/Hospital Address: _____

Physician/Hospital Telephone Number: _____

Witness (s) to Accident: _____

(Section 2: Host Site Supervisor Report)

Did you witness the accident? _____ (f yes, please include a Witness Statement)

Will there be lost time? _____ If so, how long? _____

Is alternative light duty work available? _____

Project Director _____

Name of Host Agency: _____

Address of Host Agency: _____

Supervisor: _____ Phone Number: _____

Signed and Dated Witness Statement(s) Are Required From Each Witness

Please make sure the form is fully completed and legible

Accidents reports must be submitted to Human Resources before the end of the business day

FAX completed report to: VANTAGE Aging
Attention: HUMAN RESOURCES
388 S. Main St Ste 325
Akron, OH 44325
330 515-5600

ACCIDENT REPORTING INSTRUCTIONS FOR HOST SITES

- 1. CARE FOR THE SCSEP PARTICIPANT FIRST.** Safety comes first and getting treatment when you have an injured worker is critical. If an injury is not apparent after an accident, rely upon the injured SCSEP participant and witness statements to determine if medical attention/transport is needed. In an emergency, call 911 immediately.
- 2. SECURE THE SCENE.** If there is physical impact, the site of any serious accident needs to be secured. Limit access to avoid secondary accidents until it can be restored to a clean, safe condition.
- 3. COMPLETE THE PAPERWORK.** An accident report must be completed by the participant and the host site supervisor, and all witness statements must be completed and faxed to Human Resources before the end of the working day, even if an injury is not apparent. Details are soon forgotten, and Worker's Compensation claims must be reported with 24 hours. The most updated form is available on the website, under Accident Report for SCSEP, at www.vantageaging.org.
- 4. FACILITATE THE RETURN-TO-WORK.** Many injuries, including minor bruises and sprains, make it difficult to return to normal work activity. If a participant has work restrictions, or is just uncomfortable, make every effort to encourage them back to the work place and accommodate any and all restrictions specified by the healthcare provider.