

# ACCIDENT REPORT

- Sections 1 through 5 to be filled out by manager/supervisor
- Scan this form and e-mail it to [safety@zingermans.com](mailto:safety@zingermans.com) within 24 hours of the accident
- Send original to D4P via interoffice mail

## 1 Employee Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employment Status (check one):

- full-time
- part-time
- occasional
- seasonal

ZCoB Basic Orientation:

- Completed in last 6 months
- Completed more than 6 months ago
- Not completed

## 3 Accident Information

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

Time shift started: \_\_\_\_\_

What happened? (Please be specific: who, what, where, when)

Any witnesses? Who? Include last name(s):

What was the staff member doing right before the accident happened?  
(Be specific with actions/work. ex.: Mixing bread or hanging up a sign or packing boxes)

What is the root cause of the accident?  
(example: product shouldn't be in aisle, etc)

## 2 Injury Information:

- cut/abrasion  trip/slip/fall
- burn  lifting/strain
- other (please specify) \_\_\_\_\_

Did this employee go to Urgent Care?

- yes  no

If yes, where:

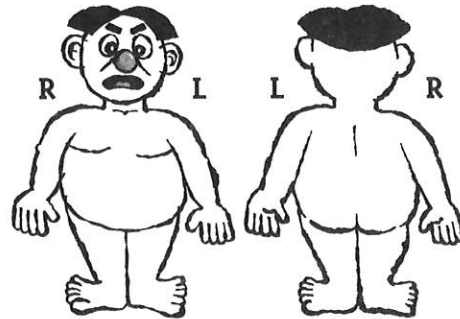
- Concentra
- Washtenaw Urgent Care
- U of M Emergency

When did the employee return to work?

- same day  next day  unknown

If employee is sent to Urgent Care, employee needs to bring all paperwork back to manager after visit. Scan and email paperwork to [D4P@zingermans.com](mailto:D4P@zingermans.com)

### Part of Body Injured (circle wounded area)



Please Specify \_\_\_\_\_

## 4 Business Information

Business: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager/Supervisor (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## 5 Submit Form

- Scanned form and emailed to [safety@zingermans.com](mailto:safety@zingermans.com)
- Scanned to Partner (if applicable)
- Scanned any urgent care paperwork to [D4P@zingermans.com](mailto:D4P@zingermans.com) (if applicable)
- Sent all original paperwork to D4P via interoffice mail
- Notified Safety Rep to fix safety hazard (if applicable)

### FOR D4P USE ONLY

- Accident Database
- If Urgent Care Visit Applicable: \_\_\_\_\_
- Work Comp notified
- ECI Entry
- Doctor Follow-up in ECI  
Date of follow-up: \_\_\_\_\_
- Restrictions in ECI  
Date restrictions end: \_\_\_\_\_

Notes: \_\_\_\_\_