

# Mesa Prieta Petroglyph Project



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PO Box 407, Velarde, NM 87582-0407 505-852-1351

# ACCIDENT REPORT

Part 1: Complete For All Accidents

Date:	Time:
<b>Location:</b>	
<b>Description of the accident:</b> (Be specific)	
<b>Witness name and address:</b>	<b>Daytime phone number:</b>
<b>Witness name and address:</b>	<b>Daytime phone number:</b>
<b>Factors involved:</b>	
<b>What corrective action was taken, if any?</b>	
<b>Supervisor's signature:</b>	<b>Date:</b>

Part 2 - Complete For Each Injured Person:

<b>Name of injured person:</b>	<b>Address, city, state and zip code:</b>
<b>Phone Numbers:</b> Work phone: Home phone:	<b>Gender:</b> ( ) Male ( ) Female

	<b>Age:</b> ( ) 10-18 ( ) 19-50 ( ) 51-80 ( ) >80
<b>Nature of injury:</b>	<b>Affected body part(s):</b>
<b>Status of the injured person:</b> <input type="checkbox"/> Staff member <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other (specify): _____	<b>Cause of the injury:</b> (Check all that apply and specify) <input type="checkbox"/> An object: <input type="checkbox"/> Equipment or tool: <input type="checkbox"/> Terrain: <input type="checkbox"/> Other:
<b>Severity of the injury:</b> <input type="checkbox"/> Minor (First aid) <input type="checkbox"/> Severe, but not disabling <input type="checkbox"/> Severe and disabling <input type="checkbox"/> Fatality	<b>Medical treatment provided by:</b>
<b>EMS summoned:</b> <input type="checkbox"/> Yes ( ) No	<b>Left the accident location accompanied by:</b> <input type="checkbox"/> No one ( ) EMS ( ) Family member or friend (Provide details)

Part 3 - Complete For Employees:

<b>Job title:</b>	<b>Status:</b> ( ) Full-time ( ) Part-time
<b>Injured while on the job:</b> <input type="checkbox"/> Yes ( ) No	<b>Job being performed when injury occurred:</b>
<b>Stopped work immediately:</b> <input type="checkbox"/> Yes ( ) No	<b>Date supervisor learned of injury:</b>

Person Completing This Form:

<b>Name:</b>	<b>Date:</b>
<b>Job title:</b>	<b>Phone number:</b>