

District Council 16

STEWARD'S ACCIDENT & ILLNESS REPORT FORM

Local(#) _____ State _____

Name of injured worker

Social Security # _____ Craft _____

Home address _____ Telephone # _____

Project _____ Location _____

IUPAT Contractor _____ Address

Foreman _____ General Contractor _____ Address _____

Steward _____ Telephone _____

Date of injury/illness _____ Time of injury/illness _____

Location and description of accident _____

Description of injury/illness _____

WITNESS	ADDRESS	TELEPHONE

Hazard or other factors or circumstances causing or contributing to accident _____

Treatment (first aid, etc.)

Hospital _____ Address _____ Telephone _____

Doctor _____ Address _____ Telephone _____

Last day worked _____ Date returned to work _____