APPENDIX Y1

CONFIDENTIAL

DIOCESE OF YAKIMA
PASTORAL CENTER
101 S 12th AVE
YAKIMA, WA 98902

EMPLOYEE ACCIDENT/ILLNESS REPORT

EMPLOYEE	Last Name	First Name		MI
Home Address (Number & Street, Apt)	City	State	Zip Code	Telephone
Social Security Number	Date of Birth	Sex ☐ M ☐ F		Marital Status ☐ Sing ☐ Mar. ☐ Div. ☐ Wid.
EMPLOYER	Employer's Name			Location
INJURY/ ILLNESS	Date of Injury	Time of Injury a.m. p.m.	Date Reported	Time Reported a.m. p.m.
Last Day of Work After Injury	Date of Return to Work			Number of Work Days Lost
Address or Location of Accident	City	County	State	Zip Code
On Employer Premises? ☐ yes ☐ no	Nature of Injury (Scratch, Cut, Bruise, etc.?) (see reverse)		Fatal? ☐ yes ☐ no	Part of Body Injured (see reverse)
How did accident happen? Describe in detail, specifying what employee was doing when accident occurred, the machine, tool, substance, or object most closely connected with accident (use reverse side if needed).				
If another person not in company employ caused accident, give name, address, phone, and any other pertinent information (driver's license, auto registration number, ins. policy number, etc.).				
Witnesses:				
MEDICAL CARE	Was medical care administered? ☐ yes ☐ no		Attending physician (name)	
Hospital/Medical Facility (name, address, phone)				Is Employee Hospitalized? ☐ yes ☐ no
Treatment (describe and state whether further treatment is required)				
AUTHORIZED SIGNATURE	Date	Supervisor's Signature		Title
Employee's Signature Refusing Treatment	Date	**In the event of death or serious injury/illness, call 911 & the Pastoral Center immediately (509) 965-7117**		

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