

Multi-Temps Incident/Accident Report

1821 N. Mannheim Rd. Stone Park, IL 60165 Tel:(708)344-1002 Fax:(708)344-1257

After Hours Tel:(708)514-0673

Company:	Address:
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Supervisor:	Department:	Shift:
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Name of Injured:	Soc.Sec. #
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Address:	Phone#:
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Job title or occupation:	Time employee began to work: am/pm
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What task was the employee doing when the accident occurred?	Date of Accident:	Time of Accident:
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How did the accident occur?

What was the injury or illness? List part of the body affected and explain how it was affected:

Was the employee sent to the clinic? YES <input type="checkbox"/> NO <input type="checkbox"/>	First Aid ONLY <input type="checkbox"/>	Call Ambulance / Sent to ER <input type="checkbox"/>
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Supervisor's Signature:	Date:
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Comments:

MEDICAL TREATMENT WAIVER

PLEASE SIGN *ONLY* IF YOU ARE REFUSING MEDICAL TREATMENT

I, _____ was offered the opportunity for medical treatment by, _____
on _____. However, I do not wish to accept medical treatment that was offered to me, and release
Multi-Temps Services Inc. from liability.

Employee's Signature: _____ Date: _____

Witness Signature: _____ Date: _____