



Accident/Occupational Exposure Report Form

Institution: Gage Academy of Art, 1501 10th Ave E, Seattle, WA 98102 206-323-GAGE(4243)
UBI: 601 917 131
L&I#: 986,919-00

IMPORTANT: This form is for use by all Gage students, employees, guests, and work-study students, with the following guidelines:

- Employees and work study students injured while on the job are covered by Worker's Compensation, through the Department of Labor & Industries. This number is listed at the top of this form.
- All guests and students are covered by Gage Accident Insurance.

At the time of the accident, I was: (please check one)

- EMPLOYEE / INSTRUCTOR / MODEL
- VOLUNTEER / WORK-STUDY STUDENT (performing a work-study job)
- GUEST / STUDENT (not working in a work-study capacity)

Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 School Year _____ Class, workshop or program title (if student) _____

ACCIDENT:

Date of injury or last occupational exposure _____ Time _____ A.M. P.M.

Address and location where accident or exposure occurred:

Describe in detail how the incident occurred:

Was this incident caused by failure of a machine or product or by someone who is not an employee? Explain _____

Describe the injury or exposure _____

List any witnesses and contact telephone numbers:

Name _____ Phone number _____
 Name _____ Phone number _____
 Name _____ Phone number _____

Was first aid given? YES NO Describe _____

Was 9-1-1 called? YES NO

Did you receive medical treatment for the injury or exposure? YES NO

Name and address of hospital or health care provider:

IF EMPLOYEE/ WORK STUDY STUDENT: What is your usual shift? _____

When did you start work on the day of your injury? _____

Did you return to work after receiving medical treatment: YES NO

When did you last work? _____ When do you expect to return to work? _____

Submitted by _____ Date _____

Reviewed by _____ Date _____

Additional Comments:

PLEASE RETURN THIS FORM TO THE SCHOOL MANAGER.

Gage Academy of Art

1501 10th Ave E

Seattle, WA 98102

206-323-GAGE (4243)

FAX 206-526-5153

This is not an insurance report. If an accident or exposure requires medical attention, see a physician immediately. This form is for Gage Academy of Art reporting purposes only.