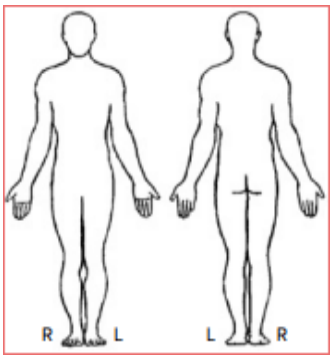
员工意外伤害记录
Employee Accident Record

一、员工信息Employee Information（all fields required）							
姓名Name		工号ID		全职Full Time☐		兼职Part Time☐	
家庭住址Home Address							
联系电话Phone No.				生日DOB		性别Sex	
年龄Age		职位Job Title			部门Department		
工作地址Work Addres					入职时间		
课题组负责人PI				电话Phone No.			

二、意外伤害信息Accident Information（provide as much details as possible）			
日期Accident date		时间Accidentn time	
事故发生地Location of acciden			
简要描述事件发生过程及已采取的行动Briefly explain the accident and what was being done just prior			
此部门工作是否为工作内容的一部分Was this part of your normal job duty?			Yes☐
伤害来源What object or substance directly harmed the em			
伤病类型Type of injury or illness			
目击人Witness		电话Phone	
是否已就医Did the employee seek medical treatment ?			Yes☐
若是，就医地址If yes， Where ?			
此记录完成人This record prepared by			

圈出受伤部位Body part(s) affected/injuryed	L	R	circle on diagram
眼 Eye/耳Ears/面部Face	☐	☐	
Neck/肩Shoulders/臂/Arms/眉Elbo	☐	☐	
臀Hips/腿Legs/膝盖Knees	☐	☐	
腕Wrist/手Hands/指Fingers	☐	☐	
踝Ankles/脚Feet/趾Toes	☐	☐	
背Back(Upper/Lower)	☐	☐	
头Head	☐	☐	
内部器官Internal Organs	☐	☐	
其他Other			



三、声明Employee Authorization
本人根据事实描述意外伤害情况，对所描述情况负责。
员工签字： 日期：