



# Home Office Report of Employee Injury and/or Accident

**STEP 1: Complete the following incident information.**

Name of Injured Employee: \_\_\_\_\_ Company: Doughboy Foods, LLC Store #: 682  
 Employee Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Employee Email: \_\_\_\_\_ Date of Hire: \_\_\_/\_\_\_/\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Marital Status: \_\_\_\_\_ Date of Incident: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am/pm Last Full Day Worked: \_\_\_/\_\_\_/\_\_\_  
 Manager In-Charge at Time of Incident: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date & Time Injury was Actually Reported to Restaurant Staff: Date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_:\_\_\_\_ am or pm  
 Assigned Work Station: \_\_\_\_\_ Food Prep \_\_\_\_\_ Maintenance \_\_\_\_\_ Serving  
 \_\_\_\_\_ Other, please explain: \_\_\_\_\_

Exact area where injury occurred: (e.g., by the sink, dumpster, oven, walk-in refrigerator, make-line, if auto accident give address or intersection)

Body Part Affected: (indicate right or left, if applicable)

Nature of Injury/Illness: (e.g., burn, bruise, strain, fracture, cut, etc.)

Cause of Injury/Illness: (fluid/object on floor, running, box fell from shelf onto employee, auto accident, knife slipped, etc.)

Describe clearly how the accident occurred (do not make assumption on fault for auto accidents):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wearing: \_\_\_ Shoes for Crews \_\_\_ Crew Guards \_\_\_ Safe Trax Shoes If not, type of shoes worn: \_\_\_\_\_

Was the accident recorded by video camera? \_\_\_\_\_ Who has the video tape/cartridge? \_\_\_\_\_

Witness(s): \_\_\_\_\_ Contact Info: \_\_\_\_\_

**Step 2: Contact and report information.**

It is extremely important that the Huddle House Risk Management Hotline (866) 501-7272 and the Supervisor are notified of this report within 24 hours of the initial incident. Failure to do so may be in violation of federal and state laws.

Huddle House Risk Management Hotline called: Yes No (Circle One) By who? \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Person at Huddle House Risk Management talked to: \_\_\_\_\_

Supervisor called: Yes No (Circle One) Date: \_\_\_/\_\_\_/\_\_\_

**Step 3: Fax this report to Risk Management Department at (866) 350-1075.**

Signature of Supervisor/Manager Completing this Form: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_