

**The International Alliance of Theatrical Stage Employees, Moving Picture Technicians,  
Artists and Allied Crafts of the United States, Its Territories and Canada  
LOCAL 635**

**ACCIDENT REPORT FORM**

**To be completed by Event Steward, reported immediately to Employer and/or  
Payroll Company Supervisor, and reported to Union office within 24 hours of  
event.**

**Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Payroll Co.** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Payroll Co. Supervisor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Event Steward** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employee's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Employee's Social Security #** \_\_\_\_\_

**Date of Accident** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time of Accident** \_\_\_\_\_ a.m. / p.m.

**Address of Accident** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Venue** **City** **State** **Zip**

**Did the accident cause any injuries? Yes / No**

**Were any of the injuries fatal? Yes / No**

**In your estimation, what areas of the body(s) were affected:** \_\_\_\_\_

**Employee's description of accident** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Did the employee(s) return to work? Yes / No**

**Were any tools involved? Yes / No**

**Were the tools in good working order? Yes / No**

**Was the employee or employees affected using/wearing proper safety gear? Yes / No**

**Was the employee or employees advised of any hazardous conditions present on the job? Yes / No**

**Details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets if you feel it is needed to adequately describe)

**Were there any witnesses to the accident? Yes / No**

**If Yes, please list names and contact numbers:**

<b>Name</b>	<b>Title</b>	<b>Phone</b>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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**In your estimation could anything have been done to prevent this accident? Yes / No**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets if you feel it is needed to adequately describe)

**Did you or authorize medical treatment? Yes / No**

**If so, reported to:** \_\_\_\_\_  
**Name & Title**

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time** \_\_\_\_\_ **a.m. / p.m.**

**Name and location of medical facility:**

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

**Did you notify the Employer and/or Payroll Co.? Yes / No**

**If so, reported to:** \_\_\_\_\_  
**Name & Title**

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time** \_\_\_\_\_ **a.m. / p.m.**

**Did you notify the I.A.T.S.E. Local 635? Yes / No**

**If so, reported to:** \_\_\_\_\_  
**Name & Title**

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time** \_\_\_\_\_ **a.m. / p.m.**



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**Supervisor's Signature**

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**Date**

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**Event Steward's Signature**

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**Date**

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**Employee's Signature**

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**Date**

***Original to:* Payroll Company  
ELS Paymaster  
P.O. Box 15426  
Winston-Salem, NC 27113-0426  
(336) 922-0562 Office  
(336) 922-0564 Fax**

***Copy to:* Employer**

***Copy to:* I.A.T.S.E. Local 635  
P.O. Box 15338  
Winston-Salem, NC 27113-0338  
(336) 399-7382 Mbl  
(336) 770-1448 Fax**