

DO's and DON'TS IF YOU SUFFER A WORKPLACE ACCIDENT



At O'Shea Russell Solicitors, Main Street, Gaignamanagh, Count
Kilkenny our Personal Injuries Department specialises in
PERSONAL INJURY CLAIMS

NAME: _____

DATE OF ACCIDENT: _____

ADDRESS: _____

NAME/ADDRESS OF EMPLOYER: _____

JOB DESCRIPTION: _____

1. Did you report accident to Supervisor?

Yes

No

If 'No', Why Not:

2. Do you know if a Workplace Accident Report was completed

Yes

No

If 'No', Why Not:

3. Were you brought to Doctor

Yes

No

DOCTOR'S DETAILS:

4. Did you receive Medical Care on site.

Yes

No

FROM WHOM/NATURE OF TREATMENT:

5. Did you sign anything

Yes

No

WHAT DID YOU SIGN?

6. Were there witnesses

Yes

No

NAME/STATUS IN WORKPLACE:

7. Have you a copy of the Employer's Health and Safety Policy?

Yes

No

8. Were you able to return to work yet?

Yes

No

IF SO, WERE YOUR DUTIES MODIFIED?

9. Did Your Employer request medical bills be sent to him?

Yes

No

10. Do you know if a Report was filed with the Health and Safety Authority?

Yes

No

Did anyone from the HSA interview you?

11. Do you know if the Health & Safety Authority Carried out any investigation?

Yes

No

Do you know the identity of the Health & Safety Officer in your workplace?

12. Is your Workplace Unionised?

Yes

No

Who is your Union Representative/Which Union?

Dated the day of 2018

O'SHEA RUSSELL SOLICITORS

Main Street, Graignamanagh, Co. Kilkenny
Logan Street, Thomastown, Co. Kilkenny
Tel. 059 9724106 / 9724642

Email : nicholas@oshearussell.ie

www.oshearussell.ie

