



**International Alliance of Theatrical Stage Employees  
& Moving Picture Technicians, Artists & Allied Crafts**

**LOCAL 500 SOUTH FLORIDA • AFL-CIO**

Stagehands Wardrobe Audio-Visual • Video Technicians • Exhibition Employees  
4520 NE 18<sup>th</sup> Avenue, Third Floor • Fort Lauderdale, Florida 33334  
Phone (954) 202-2624 • Fax (954) 772-4713 • office@iatselocal500.org

**SUPERVISOR ACCIDENT REPORT FORM**

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

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

Employee's Social Security No. \_\_\_\_\_

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

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

Was injury fatal? Yes / No

Body part(s) affected: \_\_\_\_\_

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

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

Did employee return to work? Yes / No      Return date \_\_\_\_/\_\_\_\_/\_\_\_\_ or Last day worked \_\_\_\_/\_\_\_\_/\_\_\_\_

Were any tools involved?      Yes / No                      Were they in good working order?      Yes / No

Was employee using/wearing proper safety gear?      Yes / No

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there any witnesses to the accident?      Yes / No      If Yes, please list names and contact numbers:

_____	_____	_____
Name	Title	Phone

_____	_____	_____
Name	Title	Phone

_____	_____	_____
Name	Title	Phone

_____	_____	_____
Name	Title	Phone

What could have been done to prevent this injury? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you authorize medical treatment?      Yes / No

If so:    Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Time \_\_\_\_\_ a.m. / p.m.

Name and location of medical facility: \_\_\_\_\_

\_\_\_\_\_

Did you notify the Employer and/or Payroll Co.?      If so, reported to: \_\_\_\_\_

Name & Title

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

Did you notify the I.A.T.S.E. Local 500 Union Hall? If so, reported to: \_\_\_\_\_

Name & Title

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

**Supervisor must complete this section:**

What unsafe act or condition caused the injury? \_\_\_\_\_

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

What action has been taken to prevent similar injuries? \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Event Steward's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Original: to: Employer and/or Payroll Company**

**Copy: to: I.A.T.S.E. Local 500 Union Hall Office**

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