

ACCIDENT REPORT

Employer Information:

Date of report ___/___/___ Company Name: _____ Department Name: _____

Prepared by: _____ Job Title: _____ Phone: _____

Employee Information:

Name: _____

Job Title: _____ Hire Date: ___/___/___ Social Security # _____

Home Address _____

Birthdate ___/___/___ Gender ___ Male ___ Female Home Phone _____

Information on Incident:

Date of Incident ___/___/___ Date Reported ___/___/___ Time of Accident _____

Did the Incident occur on the employer's premises? ___ Yes ___ No

Where on the premises did the incident occur? _____

If no, address where the incident occurred _____

What was the employee doing when the accident occurred? (Be specific. If the employee was using tools or equipment or handling material, name them and tell what the employee was doing with them.)

Explain how the incident occurred. List events that resulted in injury or illness, what happened, how it happened and name objects and how they were involved.

Describe the injury. Specify parts of the body that were affected and how they were affected.

Name the object or substance which directly injured the employee:

Has any prior, related injury to affected area of body occurred at this company? ___Yes ___No

At previous companies? ___Yes ___No In an environment other than work? ___Yes ___No

Additional Information:

Days away from work _____ Days of restricted work activity _____

Witnesses:

1. Name _____ Phone _____

2. Name _____ Phone _____

Medical Attention:

Was the injured employee taken to the occupational clinic or urgent care? Yes No

Date ___/___/___ Time _____ AM PM

Was the injured employee taken to an emergency room? Yes No

Date ___/___/___ Time _____ AM PM

Was the injured employee: Released _____ Admitted _____ Length of stay _____

Doctor's Name _____

Notification:

Family notified by _____

Has the personnel department been contacted? Yes No Date ___/___/___

Has the cause of the accident been corrected? Yes No Date ___/___/___

Have preventative measures been taken to ensure that the accident does not occur again?
Explain.

Supervisor on duty _____ Date __/__/__

Completed by _____ Date __/__/__

Approved by _____ Date __/__/__