

# Employee's Report of Accident

*[internal record]*



Employee's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_

Job Position/ Title \_\_\_\_\_

Shift Hours \_\_\_\_\_ Day[s] off \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Date and Time of accident \_\_\_\_\_ Location \_\_\_\_\_

Task being performed when accident occurred \_\_\_\_\_

\_\_\_\_\_ To whom? \_\_\_\_\_

Date and time accident reported to you \_\_\_\_\_

Name[s] of witnesses \_\_\_\_\_

Describe how the accident occurred \_\_\_\_\_

What part of the body was injured? \_\_\_\_\_

Describe the injuries in detail \_\_\_\_\_

Date & time you first sought medical attention \_\_\_\_\_

Name of doctor and/ or Hospital \_\_\_\_\_

Prior to the accident, did you report any incidents or near misses? To whom? \_\_\_\_\_

Could anything be done to prevent accidents of this type? If so, what? \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date \_\_\_\_\_

Employee: \_\_\_\_\_

Date \_\_\_\_\_