

Employee Accident Report

Accidents & near accidents, whether resulting in injury or not, should be investigated to determine cause and means of preventing recurrence.

DATE OF ACCIDENT _____	TIME _____	DATE REPORTED _____
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Date Reported to your Supervisor: _____

If not reported, state the reason why: _____

PERSON INJURED:

YOUR NAME _____	JOB TITLE _____	DEPARTMENT _____
NATURE OF INJURY* _____	PART OF BODY INJURED* _____	
TYPE OF ACCIDENT* _____	EQUIPMENT, OBJECT OR SUBSTANCE CAUSING INJURY _____	JOB BEING PERFORMED _____

FIRST AID:

Were you given First Aid? Yes No

Did you go to the Clinic? Yes No Date: _____

DESCRIPTION OF ACCIDENT:

Describe how the accident occurred (use a diagram if necessary):

What specific activity were you engaged in?

What should be done to prevent a similar accident?

Have you ever suffered any other injuries or accidents, or had any ailment to the same part of your body?

EMPLOYEE SIGNATURE _____	DATE _____
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TO BE COMPLETED BY HUMAN RESOURCES

Lost Time: Yes Restrictions: Yes Witnesses: Yes Completed Report: Yes Employee Salary: _____

No No No No

Comments: _____

HUMAN RESOURCES MANAGER _____	DATE _____	DEPARTMENT MANAGER _____	DATE _____
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*SEE ATTACHED CHECKLIST