

Witness Accident Report

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

NAME OF INJURED EMPLOYEE _____

DATE OF ACCIDENT _____

TIME _____

Date Reported to your Supervisor: _____

If not reported, state the reason why: _____

WITNESS:

YOUR NAME _____

JOB TITLE _____

DEPARTMENT _____

DESCRIPTION OF ACCIDENT:

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

NATURE OF INJURY* _____

PART OF BODY INJURED* _____

TYPE OF ACCIDENT* _____

EQUIPMENT, OBJECT OR SUBSTANCE CAUSING INJURY _____

JOB BEING PERFORMED _____

Did anyone else see the accident? Yes No

List Names _____

How could the accident have been avoided?

Other remarks?

INVESTIGATION REPORT:

SIGNATURE OF WITNESS TO ACCIDENT _____

DATE _____

TO BE COMPLETED BY HUMAN RESOURCES

Comments: _____

HUMAN RESOURCES MANAGER _____

DATE _____

DEPARTMENT MANAGER _____

DATE _____

*SEE ATTACHED CHECKLIST