

**ACCIDENT REPORT**

Injury Date \_\_\_\_\_ Time Incident Occurred \_\_\_\_\_ Date Reported \_\_\_\_\_

Name of Person Injured \_\_\_\_\_

Address \_\_\_\_\_

Telephone No \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell)

Exact Location of Accident \_\_\_\_\_

Describe fully how accident/incident occurred. Please be specific regarding environmental conditions or other factors relating to the cause of the incident.

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

Did employee/supervisor inspect area where incident occurred? \_\_\_\_\_

\_\_\_\_\_

List Witnesses and Telephone Nos \_\_\_\_\_

\_\_\_\_\_

What steps were taken immediately after the incident? \_\_\_\_\_

\_\_\_\_\_

Did person injured obtain medical treatment?  Y  N Ambulance called?  Y  N

List medical facilities if treatment obtained \_\_\_\_\_

\_\_\_\_\_

Employee's Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Telephone No where Employee/Supervisor can be contacted \_\_\_\_\_