

EMPLOYEE INCIDENT/ACCIDENT REPORT FORM

Name: _____

Title: _____

Date of Accident/Injury: ____ / ____ / _____

Description of Injury and portion of the body injured: _____

Where did you go for treatment and who treated you: _____

What was being done just prior to the injury: _____

Describe the accident/injury and explain what caused it: _____

Signed: _____

Date: _____

This report should fully describe the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details of all factors which led or contributed to the accident. Use a separate sheet for additional space.