

### Employee Accident Report Form

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Property Damage	
Your Name:	
Job title:	
Supervisor:	Supervisor informed – Date and Time:
Date of injury/property damage:	Time of injury/property damage:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/property damage. (continue on the back if necessary):	
What could have been done to prevent this injury/property damage?	
What parts of your body were injured?	
Did you see a doctor about this injury/illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, whom did you see?	Doctor’s phone number:
Date:	Time:
Has this part of your body been injured before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Your signature:	Date: