Employee Accident Report Form

I am reporting a work related: ☐ Injury ☐ Illness	□ 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?	☐ Yes ☐ No
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before?	☐ Yes ☐ No
If yes, when?	
Your signature:	Date:

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