

ACCIDENT REPORT

EMPLOYEE	
EMPLOYEE NAME	POSITION
SOC. SEC. NO.	DEPARTMENT
EMPLOYEE ID NO.	SUPERVISOR

ACCIDENT INFORMATION		
DATE OF OCCURRENCE	TIME AM PM	LOCATION
DESCRIBE ACTIVITY PRIOR TO ACCIDENT		
WHAT HAPPENED (DESCRIBE CAUSE AND OBJECT OF INJURY)		

I CERTIFY BY MY SIGNATURE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND COMPLETE.

EMPLOYEE SIGNATURE	DATE
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SUPERVISOR SECTION
WHEN DID YOU FIRST LEARN OF THE ACCIDENT
BASED ON YOUR INVESTIGATION, WHAT WAS THE CAUSE OF THE ACCIDENT
HOW COULD THIS ACCIDENT HAVE BEEN PREVENTED?
WHAT ACTIONS HAVE BEEN TAKE TO AVOID FUTURE ACCIDENTS OF THIS TYPE?
WITNESSES: (NAME, ADDRESS, PHONE)

SUPERVISOR SIGNATURE	DATE
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