



Employee's Report of Accident/Injury/Illness

Employee Name:

Company Name:

Job Title:

Shift Hours:

Supervisor:

Date Of Accident:

Time:

Location:

Task Being Performed:

Date Reported:

Time:

To Whom:

Were Others Involved?

YES

NO

If YES, Who:

Please List Any Witnesses:

Describe How The Accident Occurred:

Describe Your Injuries In Detail (What Part(s) Of Your Body Were Injured?):

Date You First Sought Medical Attention:

Time:

Name Of Doctor Of Medical Facility:

Could Anything Be Done To Prevent This Accident?

If So, What?

Employee Signature:

Date: