

Accident Report

Name of Injured: _____

Social Security No.: _____

Home address of injured: _____

Employer: _____

Age: _____ Male Female

Occupation: _____ How long? _____

Date of injury: _____ Time of accident: _____ A.M. P.M.

Place of accident: _____

Type and nature of injury:

What was employee doing at time of injury?

Where and how did the accident occur?

Specify tool, equipment, substance, or object that directly injured employee:

Accident Report (cont.)

Was medical treatment sought?

Yes No

Where and by whom?

Was employee able to work after injury? _____

If no, for how long was he absent from job? _____

Names and addresses of witnesses:

This report filed by: _____

Date: _____

Corrective action taken:

Unsafe conditions or acts contributing to accident:

Explain specifically the corrective actions taken:
