

Employee Injury Accident Report

Employee Information

Full Name

Job Title

Department

Employee ID

Accident Details

Date of Accident

Time of Accident

Location (Area/Room)

Description of Accident

Describe how the accident occurred

Injury Information

Nature of Injury (e.g., cut, bruise, sprain)

Part(s) of Body Injured

Was First Aid Given?

Was Medical Attention Required?

If yes, where was treatment given?

Witnesses

Name(s) and Contact(s) of Witnesses

Supervisor/Manager Report

Name

Actions Taken

Supervisor/Manager Signature

Date