

Employee Accident Report Sheet

Employee Information

Name:

Department:

Position:

Contact Number:

Date of Accident:

Time:

Accident Details

Location of Accident:

Describe the Accident:

Describe the Nature of Injury:

Witnesses (if any):

Was First Aid Given? Yes No By Whom:

Was Medical Attention Needed? Yes No Hospital/Clinic Name:

Additional Information

Any Equipment or Property Involved?

Corrective Action Taken / Recommendations:

Employee Signature

Date

Supervisor Signature

Date

