

# 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

