

# ACCIDENT REPORT

Please print clearly. Complete within 24 hours.

<b>1. GENERAL INFORMATION</b>	
Employee Name:	Job Title:
Address:	Phone #:
Exact Location of Accident: City, State	Date Injury Reported/To Whom:
<b>2. DESCRIPTION OF INJURY / ILLNESS</b>	
<b>TREATMENT</b>	
Be as specific as possible.	Physician/Chiropractor:
Type of Accident (i.e. fall):	Clinic:
Type of Injury (i.e. sprain):	Telephone Number of Clinic:
Part of Body:	Hospital:
Loss of time Yes / No	First day of lost time _____
	Has employee returned to work? Yes / No Date _____
<b>3. DESCRIPTION OF INCIDENT</b>	
To be completed by SUPERVISOR AND EMPLOYEE. What happened and how? Was any equipment damaged? Specify what job was being performed.	
Name(s) of witness(es) to the accident. Use reverse side for statements _____	
<b>4. ANALYSIS</b>	
What caused the incident? Why did it happen? _____	
Contributing factors/Physical surroundings: _____	
State what will be done to prevent recurrence, by whom and when: _____	
Was employee violating safety regulations or specific instructions? If yes, explain. _____	
What other concerns do you have about this injury, if any? _____	
Did employee have other regular employment? Yes / No If yes, where? _____	
Contact Person:	Phone #:
	Hours/Week
	Weekly Wages
Supervisor Signature: _____	Date: _____
Employee's Signature: _____	Date: _____
Company Name: _____	