

# Employee Accident / Incident Report

## General Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Gender: (circle one) M / F  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Does employee work for another employer? (circle one) Y / N  
If "Y" Please provide the following:  
Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

## Accident Information

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ (circle one) AM / PM  
Time Employee Begins work: \_\_\_\_\_ (circle one) AM / PM  
Date Reported to Supervisor: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Did Employee miss any work other than the day of the injury? (circle one) Y / N  
Witnesses Names \_\_\_\_\_

Describe the specific injury or illness (e.g. second degree burn or toxic hepatitis):  
\_\_\_\_\_

Describe the body part(s) affected (e.g. lower right forearm):  
\_\_\_\_\_

List all of the equipment, materials, or chemicals that were being used at the time of the incident (e.g. acetylene torch):  
\_\_\_\_\_

Specify the activity engaged in when the incident occurred (e.g. cutting metal plate for flooring):  
\_\_\_\_\_

Was this activity part of the normal job duties: (circle one) Y / N

Describe the sequence of events and include any objects or substances that directly caused the injury or illness  
(e.g. worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against hot metal.):  
\_\_\_\_\_  
\_\_\_\_\_

Hospitalized overnight as inpatient? (circle one) Y / N Treated in an emergency room? (circle one) Y / N

Name of Health Care Provider: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Supervisor Approval

\_\_\_\_\_  
Supervisor Name (please print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Supervisor Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_