

Accident-Incident Report



Please print clearly

Report to be filled out **ONLY** by the supervisor. Employee **MUST** sign at the end of the report and may use the "Additional Comments" section if they do not agree with the supervisor's statement.

Employee Information			
Employee Name		Gender	Date of Hire
Last	First	F M	MM / DD / YYYY
Date of Birth	ID #	Job Title	
MM / DD / YYYY			
Supervisor's Name (Print)			
Last	First		
Accident Information (Please use additional sheets if needed)			
DATE of Accident	TIME of Accident	TIME employee began working	LOCATION of Accident
MM / DD / YYYY	00:00 AM/PM	00:00 AM/PM	(Address, Building, and Room #)
What was the employee doing just before the accident occurred? (Describe the activity, tools, equipment, and materials the employee was using)			
What was the injury or illness?			
What happened? How did the injury/illness occur?			
What object or substance directly harmed the employee?			
Supervisor's Phone Number			

Accident Information (Please use additional sheets if needed)		Y	N
Did the employee receive medical treatment (not including first aid)?			
Did the employee miss any work as a result of the incident? Dates?			
Did the employee receive accommodations in the work place or receive job transfer (light duty) as a result of the accident/incident? If yes, at what date did the employee return to light duty? <div style="text-align: right;">MM / DD / YYYY N/A</div> Date of return to full duty? <div style="text-align: right;">MM / DD / YYYY</div>			
Were three or more people injured from this incident?			
Did death occur?			
Has the employee been trained in the use of the Personal Protective Equipment?			
Has the employee been trained in safety practices in their department? If yes, what was the training date? <div style="text-align: right;">MM / DD / YYYY N/A</div>			
What Personal Protective Equipment was being used at the time of the accident? (Circle all that apply) Goggles Safety Glasses Safety Shoes Gloves Respirator Other:			
What corrective action has been taken?			
Additional Comments			
Witness Name		Witness Contact Phone #	
Witness Comments			

Supervisor Signature: _____ Date: _____

I acknowledge this information is accurate and filled out to the best of my knowledge.

Employee's Signature: _____ Date: _____

Environmental Health and Safety Comments:
