



**EMPLOYEE ACCIDENT REPORT**

**Employee Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Shift Start Time:** \_\_\_\_\_

**Time of Accident:** \_\_\_\_\_ **A.M.** \_\_\_\_\_ **or P.M.** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Location of Accident:** \_\_\_\_\_

**Describe the Nature of the Injury:** \_\_\_\_\_

\_\_\_\_\_

**Describe Exactly What Happened:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Any Witnesses:** \_\_\_\_\_

\_\_\_\_\_

**To Whom Did You Report the Accident/Injury?** \_\_\_\_\_

**What did you tell your Supervisor?** \_\_\_\_\_

\_\_\_\_\_

**What did your Supervisor Do?** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
**Date**