

Employee Accident/Incident Report



To be completed by employee

Employee Name	
Date of Accident/Incident	
Time of Accident/Incident	
Time you began work on day of accident/Incident	
Location of accident/incident (specify if off-site address)	

What happened? What job duties were you performing? Please describe in your own words.

Were you injured? What part(s) of your body was injured? Was any equipment damaged? Please describe and be sure to indicate right and/or left.

Have you sought any medical treatment for these injuries? Are any repairs necessary to equipment? If so, specify when and where.

Have you ever injured this part of your body before? Was the equipment damaged before? If so, please describe how and when the previous injury(s)/damage occurred.

What witnesses were present when the accident/incident occurred? Please provide names if applicable.

Who did you report this event to? When did you report it? Please provide name(s) and job title(s).

What did you do after the accident/incident occurred?

The above report is true and accurate:

Employee Signature: _____

Date: _____