

Employee Accident Report



To be completed by employee

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

How did the injury occur? What job duties were you performing? Please describe in your own words.

What part(s) of your body was injured? Please be sure to indicate right and/or left.

Have you sought any medical treatment for these injuries? If so, specify when and where.

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

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

Who did you report the injury to? When was the injury reported? Please provide name(s) and job title(s).

What did you do after the accident occurred?

The above report is true and accurate:

Employee Signature: _____

Date: _____