

# Employee Accident/Injury/Damage Report Form

Employee's Name		Date	
Name of the Injured Person		Other Information	Exact Time
Nature of Injury:			
Part of Body Injured			
Degree of Injury			
Nature of Damage:			
Cause of Damage			
How Did Accident/Damage Happen?			
Location of Incident (be specific)		Activity of Persons (be specific)	
Other Activity		Who Was in Supervision	
Who Notified		Safety Issues	
Unsafe Mechanical/Physical Condition		Unsafe Personal Factor	
Corrective Action Taken or Recommended:			
WHO:			
WHAT:			
Description (Give a word picture of the accident, who, what, when, why, and how)			
WHO:			
WHAT:			
WHEN:			
WHERE:			
WHY: .			
Witnesses:			
Employee's Signature		Date:	Report Prepared by: Title Date
Administrator's Signature		Title	Date