

Employee Report of Accident

Name: _____

Date of Birth: _____

Home Address: _____

Home Phone Number: _____

Sex: ___ Male ___ Female

Job Position/Title: _____

Supervisor Name: _____

Date and Time of Accident: _____ Location/Dept: _____

What time did you report to work on the day of the accident? _____

When was your last day of work: _____

Describe how accident happened:

What part of your body was injured: _____

Describe injuries in detail:

List the names of any witnesses to your accident

Could anything be done to prevent accidents of this type?

Do you wish to seek medical treatment? Yes _____ No _____

Signature of Employee _____ Date _____