Employee Accident Report

Name: _____ Job Title _____

Department: _____ Accident Occur on Company Premises: Yes ☐ No ☐

Date of Injury: _____ Time: _____ a.m.☐ p.m.☐

Date Reported: _____ Sex: Female ☐ Male ☐

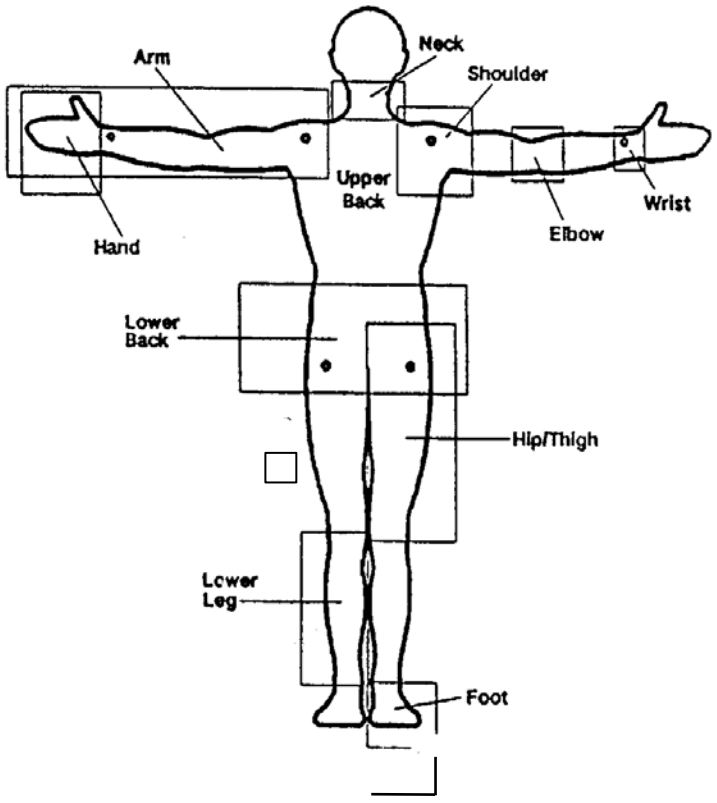
Accident Location: _____ Witnesses: _____

Accident Description: _____

_____

_____

_____

Injured Area	Indicate Area of Injury	Type of Injury
1 ☐ Head 2 ☐ Eye: L / R 3 ☐ Shoulder L / R 4 ☐ Arm L / R 5 ☐ Elbow L / R 6 ☐ Wrist L / R 7 ☐ Hand L / R 8 ☐ Finger: Specify _____ 9 ☐ Back 10 ☐ Chest 11 ☐ Abdomen 12 ☐ Pelvis 13 ☐ Hip L / R 14 ☐ Leg L / R 15 ☐ Knee L / R 16 ☐ Ankle L / R 17 ☐ Foot L / R 18 ☐ Toe: Specify _____ 19 ☐ Other: _____ _____		1 ☐ Abrasion 2 ☐ Amputation 3 ☐ Bite: _____ 4 ☐ Bruise 5 ☐ Burn 6 ☐ Concussion 7 ☐ Cut / Laceration 8 ☐ Foreign Body 9 ☐ Fracture 10 ☐ Hearing Impaired 11 ☐ Infection 12 ☐ Pain: _____ _____ 13 ☐ Puncture 14 ☐ Rash/Dermatitis 15 ☐ Respiratory 16 ☐ Strain/Sprain 17 ☐ Other: _____ _____

Did injured employee miss work? ☐ Yes ☐ No Dates: _____

Supervisors Signature: _____ Date: _____

Dept Mgr. Signature: _____ Date: _____

Safety Department Signature: _____ Date: _____

Investigation Report

Cause Of Accident:	Source
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1 ☐ Bitten by: Human / Animal 2 ☐ Caught Between / In / On 3 ☐ Contact by or with Chemical / Electricity / Other 4 ☐ Equipment Involved: _____ 5 ☐ Exposure to : _____ 6 ☐ Fall / Slip / Trip : _____ 7 ☐ Falling / Flying Object 8 ☐ Handling Materials 9 ☐ Standing on: Ladder / Step Stool / Chair 10 ☐ Struck by: _____ 11 ☐ Vehicle Accident: _____ 12 ☐ Other: _____

Corrective Action:	Action Taken
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1 ☐ House Keeping Improved 2 ☐ Office Arrangement Changed 3 ☐ Safety Equipment Purchased 4 ☐ Replace Furniture or Equipment 5 ☐ Training for Employee 6 ☐ Maintenance & Upkeep Plan 7 ☐ Safety Committee Referral 8 ☐ Other _____ 9 ☐ Other _____ 10 ☐ Other _____ 11 ☐ Other _____

Person responsible for corrective actions: _____
Date to Complete: _____
Comments concerning corrective actions: _____
_____

Signature of person responsible for corrective actions: _____
Date Corrective Actions Completed: _____