

EMPLOYEE REPORT OF ACCIDENT, INJURY OR ILLNESS

Instructions: Please Print. Fill in all blanks. If a blank does not pertain to your accident, injury, or illness write "N/A" in that blank. When completed, return this form to your supervisor.

Name: _____

Social Security Number: _____ Sex _____ Age _____

Address _____ Phone Number _____

Employment Start Date	Time in Present Job
Job Title	Supervisor's Name
Department	Date & Time of Accident
Location of Accident	Task being Performed
Name of Witness	Name of Witness
Describe how the accident happened	
What caused the Accident	
What could have prevented this accident	
Date & Time you first sought medical attention	
Name of Hospital or Doctor	
Were you using required safety equipment?	
Do you have a job at another company?	

The information I have provided either in my own writing or verbally for the purpose of this form is true and correct. I understand that providing false or misleading information or omission of information on this report or any other form relating to this claim of injury/accident may result in termination of my employment.

Signature of Employee: _____ Date: _____

Reader or Interpreter: _____ Date: _____

Signature of Witness: _____

Supervisor's Report of Accident

Supervisor's Name: _____

Basic Rules for Accident Investigation

- Find the cause to prevent future accidents - Use an unbiased approach during investigation
- Interview witnesses & injured employees at the scene - conduct a walk through of the accident
- Conduct interviews in private - Interview one witness at a time.
- Get signed statements from all involved.
- Take photos or make a sketch of the accident scene to accident
- Ensure hazardous conditions are corrected immediately.

Date & Time		Location	
Tasks performed		Witnesses	
Resulted in	<input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage	Property Damage	
Injured		Injured	

Describe Accident Facts & Events

Supervisor's Root Cause Analysis - Check ALL that apply to this accident

Unsafe Acts		Unsafe Conditions	
Improper work technique		Poor Workstation design	
Safety rule violation		Unsafe Operation Method	
Improper PPE or PPE not used		Improper Maintenance	
Operating without authority		Lack of direct supervision	
Failure to warn or secure		Insufficient Training	
Operating at improper speeds		Lack of experience	
By-passing safety devices		Insufficient knowledge of job	
Protective equipment not in use		Slippery conditions	
Improper loading or placement		Excessive noise	
Improper lifting		Inadequate guarding of hazards	
Servicing machinery in motion		Defective tools/equipment	
Horseplay		Poor housekeeping	

Workforce Safety & Insurance
www.WorkforceSafety.com

Drug or alcohol use		Insufficient lighting	
Unsafe Acts require a written warning and re-training before the Employee resumes work			
Re-Training Assigned		Unsafe Condition Guarded	
Re-Training Completed		Unsafe Condition Corrected	
Supervisor Signature		Supervisor Signature	

Accident Report Review

Supervisor _____ Date _____

Department Manager _____ Date _____

Safety Manager _____ Date _____

Plant Manager _____ Date _____

Management Comments:

Safety Committee Comments: