



Report of an Accident
Sample Form (Each workplace has its own format that is followed.)

Please use this form to record any accident or injury that occurs on the job. If you need to visit a doctor at a later date, this will help serve as documentation.

Supervisor's Name: _____

Date of injury: _____ Date & time reported to employer: _____

Injured employee's name: _____

Who reported it? _____

Names of witnesses: _____

Describe the accident: _____

Was first aid required? _____

Did the accident require a doctor's treatment? _____

(If "yes" please complete the required forms in addition to this one.)

What was the cause of accident? _____

Was any part of the body injured? Please be specific: _____

Other details of the accident: _____
