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: _______________________________________________