



Environmental Health & Safety JOB SITE SAFETY

ACCIDENT REPORT

Employee's Report of Accident (Internal Record)

Date and time of accident:

Date form completed:

Employee's name:

Job title:

Supervisor's name:

Location of accident:

Date and time accident reported:

To whom accident reported to?:

Name (s) of witnesses:

Task being performed when accident occurred:

Please describe how the accident occurred:

What part of the body was injured?:

Describe the injury in detail:

Date / time employee first sought medical attention:

Name of hospital or medical facility:

Doctor's name:

Prior to accident did employee report any incidents or near-misses?

If so, to whom?:

Could anything have been done to prevent the accident?:

Employee

Date

Supervisor

Date