



# *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 \_\_\_\_\_