

Employee Accident/Incident Report

Employee Information

Employee Name

Employee ID

Department

Job Title

Incident Details

Date of Incident

Time of Incident

Location

Describe what happened

Injury Information

Type of Injury

Part(s) of Body Affected

Was treatment given? Select

Witnesses

Names of Witnesses (if any)

Supervisor Review

Corrective Actions Taken / Recommendations

Supervisor Name

Supervisor Signature

Date