

Employee Workplace Accident Log Form

Date of Accident

Time of Accident

Location

Enter location

Employee Name

Enter employee name

Employee ID

Enter employee ID

Department

Enter department

Supervisor Name

Enter supervisor name

Witnesses

List witnesses (if any)

Nature of Injury

E.g. fracture, burn, cut

Body Part Affected

E.g. left hand, right leg

Description of Accident

Describe what happened

Initial Treatment Given

Describe treatment given

Date Reported

Reported To

Enter name or position

Corrective Actions Taken

Describe measures taken