

# Occupational Accident Report Sheet

## A. Basic Information

Report Date:

Report Number:

Reported By:

Job Title:

## B. Accident Details

Date of Accident:

Time of Accident:

Location:

Description of Accident:

Witnesses:

## C. Injury Details

Name of Injured Person:

Job Title of Injured Person:

Nature of Injury:

Body Part(s) Affected:

First Aid Given:

Medical Treatment Required:

#### **D. Immediate Corrective Action**

Action Taken:

Person Responsible:

Date Completed:

#### **E. Comments/Additional Notes**