

# Employee Accident Report Form

## Employee Information

Name

Employee ID

Department

Job Title

## Accident Details

Date of Accident

Time of Accident

Accident Location

Describe How the Accident Happened

Witnesses (Names & Contact Info)

Describe Injuries (if any)

First Aid/Treatment Given

## Supervisor Review

Supervisor Name

Supervisor Comments

Employee Signature

Date

Supervisor Signature

Date