

# Workplace Accident Report

Name	Job Title
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## DETAILS OF ACCIDENT/INJURY

Date and hour of Accident. (day/month/year/time)	Date and hour reported to the Supervisor (if after the fact) (day/month/year/time)
Where was the person when the accident/injury occurred?	
To whom was it reported? (Name) If it was not reported immediately, provide reason for the delay.	
What happened to cause the accident/injury? If applicable, describe the injury, the part of the body involved and specify left or right side.	
Describe the person's activities at the time of the accident/injury? Include details of equipment or materials used and the size and weight of objects being handled, if relevant to the cause of the accident.	
Is there anyone else who may have witnessed or who may know about the accident/injury? If so, provide details below. Name(s) Address(es) and phone number(s) if available.	

## HEALTH CARE

What medical attention/first aid treatment was given to the injured person? If appropriate, list name of medical professional/first aid provider.
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Signature

\_\_\_\_\_  
Date of Report