Employee Accident/Injury/Damage Report Form

Employee's Name		**Date**
Name of the Injured Person	**Other Information**	**Exact Time**
Nature of Injury:		
Part of Body Injured		
Degree of Injury		
Nature of Damage:		
Cause of Damage		
How Did Accident/Damage Happen?		
Location of Incident (be specific)	**Activity of Persons (be specific)**	
Other Activity	**Who Was in Supervision**	
Who Notified	**Safety Issues**	
Unsafe Mechanical/Physical Condition	**Unsafe Personal Factor**	
Corrective Action Taken or Recommended:		
WHO:		
WHAT:		
Description (Give a word picture of the accident, who, what, when, why, and how)		
WHO:		
WHAT:		
WHEN:		
WHERE:		
WHY: .		
Witnesses:		

Employee's Signature	**Date:**	**Report Prepared by:**	**Title Date**
Administrator's Signature	**Title**	**Date**	