

EMPLOYEE ACCIDENT INVESTIGATION REPORT

Name _____ Male ___ Female ___

Home address

Home phone # (include area code) _____ Social Security # _____

Job title _____ Department _____ Hire Date _____

Date of injury _____ Time of injury _____ a.m./p.m. Shift: 1 2 3

Supervisor _____ Supervisor notified Yes No Time notified _____

Location of accident _____

Employee's statement: Describe how you were injured, including what body part(s) were injured.

Name of witnesses, if any. If there were none, state "none."

I hereby certify that, to the best of my knowledge and belief, all above statements are true and correct.

Injured employee's signature

Today's date