

# Employee Accident Report

Name: \_\_\_\_\_ Accident Location: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ a.m.  p.m.  Date Reported: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Accident Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Injured Area	Indicate Area of Injury	Type of Injury
1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Eye: L / R 3 <input type="checkbox"/> Shoulder L / R 4 <input type="checkbox"/> Arm L / R 5 <input type="checkbox"/> Elbow L / R 6 <input type="checkbox"/> Wrist L / R 7 <input type="checkbox"/> Hand L / R 8 <input type="checkbox"/> Finger: Specify _____ 9 <input type="checkbox"/> Back 10 <input type="checkbox"/> Chest 11 <input type="checkbox"/> Abdomen 12 <input type="checkbox"/> Pelvis 13 <input type="checkbox"/> Hip L / R 14 <input type="checkbox"/> Leg L / R 15 <input type="checkbox"/> Knee L / R 16 <input type="checkbox"/> Ankle L / R 17 <input type="checkbox"/> Foot L / R 18 <input type="checkbox"/> Toe: Specify _____ 19 <input type="checkbox"/> Other: _____ _____		1 <input type="checkbox"/> Abrasion 2 <input type="checkbox"/> Amputation 3 <input type="checkbox"/> Bite: _____ 4 <input type="checkbox"/> Bruise 5 <input type="checkbox"/> Burn 6 <input type="checkbox"/> Concussion 7 <input type="checkbox"/> Cut / Laceration 8 <input type="checkbox"/> Foreign Body 9 <input type="checkbox"/> Fracture 10 <input type="checkbox"/> Hearing Impaired 11 <input type="checkbox"/> Infection 12 <input type="checkbox"/> Pain: _____ _____ 13 <input type="checkbox"/> Puncture 14 <input type="checkbox"/> Rash/Derm. 15 <input type="checkbox"/> Respiratory 16 <input type="checkbox"/> Strain/Sprain 17 <input type="checkbox"/> Other: _____ _____ _____





Have you ever injured this body part before? \_\_\_\_\_ if so, when? \_\_\_\_\_

Are you currently receiving medical treatment for the prior injury? \_\_\_\_\_

What do you believe caused this accident? \_\_\_\_\_

What can be done to prevent this from happening in the future? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

