

## ***Employee's Report of Accident (Internal Record)***

Employee's name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_

Job position/title \_\_\_\_\_

Shift Hours \_\_\_\_\_ Day Off \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Date and time of accident \_\_\_\_\_ Location \_\_\_\_\_

Task being performed when accident occurred \_\_\_\_\_

To whom? \_\_\_\_\_

Date and time accident reported to you \_\_\_\_\_

Name (s) of witnesses \_\_\_\_\_

Describe how the accident occurred \_\_\_\_\_

What part of the body was injured? \_\_\_\_\_

Describe the injuries in detail \_\_\_\_\_

Date, time you first sought medical attention \_\_\_\_\_

Name of doctor and/or hospital \_\_\_\_\_

Prior to the accident, did you report any incidents or near-misses? To whom? \_\_\_\_\_

Could anything be done to prevent accidents of this type? If so, what? \_\_\_\_\_

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

Employee \_\_\_\_\_ Date \_\_\_\_\_