

Employee Accident Report

Employee Information

Name

Position

Employee ID

Accident Details

Date of Accident

Time of Accident

Location

Activity at Time of Accident

Description of Accident

Injury Information

Type of Injury

Part(s) of Body Injured

Severity of Injury

First Aid Provided

Witness Information

Witness Name(s)

Witness Contact

Report Completed By

Name

Signature

Date