Retail Employee Accident Report

Employee Name
Employee ID
Position/Job Title
T GSILOTI/GGB TILG
Date of Accident
Time of Accident
Location of Accident (Store area/section)
Description of Accident
Cause of Accident
Witness (so) Norma (s)
Witness(es) Name(s)
Injury Description
Medical Treatment Provided
Wedical Treatment Toylded
Reported To (Supervisor/Manager Name)
Date Reported
Additional Comments
Additional Comments