



Name: _____

☐ Environmental ☐ Near Miss ☐ Vehicle ☐ Fatality ☐ Theft

Hire Date		Time in Present Job	
Job Title		Supervisor	
Department		Accident Date & Time	
Accident Location		Activity at time of accident	
Witnesses		Witnesses	
Describe how the accident/incident happened			
See reverse side for additional details how accident/incident happened ➡			
What caused the Accident/Incident			
What could have prevented this accident			
Date & Time you first sought medical attention			
Name of Hospital or Doctor			
Were you using required safety equipment?			
Do you have a job at another company?			

[illegible]

The information I have provided either in my own writing or verbally for the purpose of this form is true and correct. I understand that providing false or misleading information or omission of information on this report or any other form relating to this claim of injury/accident may result in termination of my employment.

Signature of Employee: _____

Date: _____

Signature of Manager: _____

Date: _____