

EMPLOYEE ACCIDENT REPORT**Employee Name:** _____**Job Title:** _____ **Department:** _____**Date of Accident:** _____ **Shift Start Time:** _____**Time of Accident:** _____ **A.M.** _____ **or P.M.** _____**Supervisor:** _____**Location of Accident:** _____**Describe the Nature of the Injury:** _____

Describe Exactly What Happened: _____

List Any Witnesses: _____

To Whom Did You Report the Accident/Injury? _____**What did you tell your Supervisor?** _____

What did your Supervisor Do? _____

Employee Signature_____
Date