

INTERNAL ACCIDENT/INCIDENT REPORT



DATE OF THIS REPORT: _____

LOCATION WHERE INJURY OCCURRED: _____

DATE AND TIME OF ACCIDENT/INCIDENT: _____ TIME: _____ AM / PM

EMPLOYEES NAME: _____

EMPLOYEES HOME PHONE/CELL: _____

JOB BEING PERFORMED AT TIME OF INJURY: _____

TYPE OF INCIDENT:

- FALL SLIP HIT WITH OBJECT ELECTRICAL SHOCK LIFTING
- REPETITIVE MOTION REACHING/PUSHING/PULLING CHEMICAL CONTACT
- FLYING DEBRIS CAUGHT/PINCHED BETWEEN/UNDER LOUD NOISE
- TEMPERATURE EXTREMES ASCEND/DESCENT LADDER/STEPS OTHER

EXPLAIN IF OTHER MARKED: _____

NATURE OF INJURY. GIVE DETAILS REGARDING TYPE OF INJURY. BE SPECIFIC:

PART OF BODY INJURED (INDICATE ALL INVOLVED): _____

TOOLS OR OBJECT CAUSING INJURY: _____

EQUIPMENT INVOLVED: _____

DID INJURY REQUIRE MEDICAL ATTENTION: YES NO

NAME OF MEDICAL PROVIDER AND ADDRESS: _____

EMPLOYEE'S DESCRIPTION OF INCIDENT: _____

NAMES OF WITNESSES TO INCIDENT: _____

INJURED EMPLOYEE'S SIGNATURE: _____ DATE _____

SUPERVISOR'S SIGNATURE: _____ DATE _____