

EMPLOYEE ACCIDENT REPORT

Employee Name _____ Date of Incident _____
Program _____ Location of Incident _____
Area _____ Time of Incident _____
Incident _____

Describe incident: include names of those involved and immediate action taken

Signature of individual completing report and position

I witnessed the incident and the above statement describes the incident and action taken.

Signature

Signature

Follow up to incident: Safety procedure reviewed (changes needed). Results of incident – (employee miss work, when return to work, medical procedure required)