

INCIDENT AND ACCIDENT REPORT

****MUST BE COMPLETED WITHIN 24 HOURS****

TO BE COMPLETED BY INJURED PERSON OR SUPERVISOR

Date of Accident: _____ Time of Accident: _____ am / pm

Name _____ Phone #: _____

Address: _____ City _____ State: _____ Zip: _____

Job Title: _____ Department: _____ Did accident happen on overtime: Y N

Accident reported to: _____

Date reported: _____ Time Reported: _____ am / pm

Exact location of accident: _____

Describe exactly what happened: _____

Exact body part affected (please be specific): _____

Exact nature of injury (please be specific): _____

How could this accident have been prevented? _____

Previous related injuries? Yes No If yes, please describe: _____

Note: Claim will not be processed without the name of the supervisor or management representative notified.

How was supervisor notified? _____ Spoke to supervisor on phone _____ Supervisor witnessed accident _____ Left voice mail

_____ Spoke to supervisor in person after the accident. Other: _____

Names of persons that witnessed the accident: _____

Names of persons who were aware that injury occurred: _____

To the best of my knowledge the above statements are true; I understand that any willful omission or falsification of information in this report will make me liable for fraud prosecution to the full extent of the law.

Employee Signature

Date

Department Head or Supervisor's Signature

Date

Employee Date of Hire:

INCIDENT AND ACCIDENT INVESTIGATION REPORT

(TO BE COMPLETED BY IMMEDIATE SUPERVISOR)

As a result of your investigation describe what happened, how it happened, any factors contributing to the occurrence, whom you spoke with, potential causes, the results of the investigation and assessment of injury.

What steps/actions have been or will be taken as a result of this investigation to minimize recurrence of a similar incident/accident?

Additional Comments: _____

Signature Immediate Supervisor

Date

Reviewed By:

Signature Department Head

Date

Signature General Manager

Date

Reviewed by Safety Committee

Date