



Accident / Incident Report Form

Information for Person Completing Incident Report

Name: [] Address: [] Work Phone Number: [] Cell Phone Number: [] Job Title: [] Date of Injury: [] Time of Injury: []

Work Location Information:

Address: [] City: [] Country: [] Postal Code: [] Is this the location where the employee was injured: [] Yes [] No [] Unknown

Information on Location Employee was Injured If Different from Work Location:

Location Name: [] Address: [] City: [] Country: [] Postal Code: [] Work Phone Number: [] Fax Number: []

Injured Personnel Information

First Name: [] MI: [] Last Name: [] Address: [] City: [] Country: [] Postal Code: [] Home Phone Number: [] Work Phone Number: [] Cell Phone Number: [] Email Address: [] Employee ID: [] Gender: [] M [] F [] U Marital Status: [] S [] M [] U Date of Birth: [] Total Dependents: [] Job Class Code: [] Job Title: [] Department: [] Supervisor First Name: [] Supervisor Last Name: [] Supervisor Phone Number: [] Supervisor Email: []

Where case occurred: [] What was the employee doing when injured: [] Name the object/substance that directly injured the employee: [] Time work began: [] Employee treated in emergency room: [] Yes [] No [] Unknown Employee hospitalized overnight as an inpatient: [] Yes [] No [] Unknown

Employment Information

Safeguards/Safety equipment provided: Yes No Unknown

Safeguards/Safety equipment used: Yes No Unknown

Was employee taken by emergency transportation: Yes No Unknown

Admitted to hospital: Yes No Unknown

If Yes, Still in hospital: Yes No Unknown

Physician/Hospital Information

Physician Information Available (if Yes, please provide): Yes No Unknown

First Name: Last Name:

Address:

City: Country: Postal Code:

Phone Number:

Hospital Information Available (If Yes, please provide): Yes No Unknown

Hospital Name:

Address:

City: Country: Postal Code:

Witness Detail Information

First Name: Last Name:

Address:

City: Country: Postal Code:

Home Phone:

Work Phone:

Cell Phone:

First Name: Last Name:

Address:

City: Country: Postal Code:

Home Phone:

Work Phone:

Cell Phone:

First Name: Last Name:

Address:

City: Country: Postal Code:

Home Phone:

Work Phone:

Cell Phone:
