

Accident Reporting Form

Name of Injured Employee		Job Title	
Date of Injury		Time of Injury	
Location of Accident			

EMPLOYEE SECTION

<i>Employee's Description of the Accident</i>	Date:

CONTRIBUTING FACTORS

In your opinion did any of these factors play a role in this accident? Please explain or provide detail for all answers other than "A, Not at all"	A Not at all	B Possibly	C Definitely
PPE not used			
Fall protection procedures not followed			
Misuse of tools or equipment			
Faulty or damaged tool or equipment			
More safety training needed			
Unsafe job conditions			
Carelessness or inattentiveness			

Accident Prevention:

Provide any comments or suggestions on what if anything can be done to prevent similar accidents:

Witness Statement: <i>(use back of form if needed)</i>	Name: _____
Date: _____	

SUPERVISOR SECTION

Supervisor Statement: <i>(use back of form if needed)</i>	Name: _____
Date: _____	

CONTRIBUTING FACTORS

In your opinion did any of these factors play a role in this accident? Please explain or provide detail for all answers other than "A, Not at all"	A Not at all	B Possibly	C Definitely
PPE not used			
Fall protection procedures not followed			
Misuse of tools or equipment			
Faulty or damaged tool or equipment			
More safety training needed			
Unsafe job conditions			
Carelessness or inattentiveness			

Accident Prevention:

Provide any comments or suggestions on what if anything can be done to prevent similar accidents: