

ACCIDENT / INCIDENT REPORT
(Drug & Accident Testing Required)
[This Report is to be completed by a Supervisor]

Injured Party: _____ **Age:** _____

Any other people hurt? _____ **Age:** _____

Address on injured party: _____
_____ Their Home Phone: _____

Company: _____

The ACCIDENT or INCIDENT

Location: _____
(Tell the street address - unit or building number - area in the building, like the west stairs, loading dock, lobby)

Type of Accident / Incident: _____ **Time of day:** _____ AM
(personal injury, fall, equipment damage, building damage, chemical spill) PM

Date of Accident: _____ **Temperature Outside:** _____ **Describe Weather:** _____
(Circle to describe: clear fog mist rain snow sleet ice)

Exactly what happened: _____

Tell exactly what part of the body was hurt and the nature of the damage (Indicate Left or Right): _____

Describe clothing only if it may have helped caused the accident: _____
(Type of shoes – high heels? Were they wearing glasses at the time?)

Statements made by witnesses (if any) [By whom? _____] _____

NOTIFICATION

Who was notified & when:

Company _____ Position _____ Time/Date: _____ / _____

Others _____ Position _____ Time/Date: _____ / _____

Others _____ Position _____ Time/Date: _____ / _____
(Such as: fire, police, maintenance)

_____ was notified by: _____ Time/Date: _____ / _____

If ACCIDENT Was a FALL

Describe the **type of fall**, the **floor conditions**, **type of floor**, etc. _____

WITNESSES

Give **names, addresses, phone numbers:** _____

[Also, take separate written, dated, signed statements by all witnesses]

SAFETY CONDITIONS

Any **safety equipment** worn by hurt individual: _____

Any signs, cones, barricade tape or other warning used in area: _____

Any contributing circumstances: (Argument or fight. Construction Area. Horseplay. Defective items) _____

TREATMENT GIVEN

Describe any **First Aid** given: [by whom _____] _____

Attending Doctor's name: _____ **Hospital or Clinic:** _____

Doctor's treatment: _____

PREVENTION

What will be done to **prevent** this type of incident in the future? _____

RETURN TO WORK

Did you call ahead to remind the doctor we have **light duty** available? _____

Has the injured party returned to work? _____ What normal work days were missed? _____

PERSON COMPLETING THIS REPORT

Name: _____ **Position:** _____ **Date of Report:** _____