



ACCIDENT REPORT FORM

FORM XXXX

This sample report form is provided to you as a courtesy. You are free to modify this form for your own use as you see fit. Replace the logo in the header with your own logo and add/remove form elements to meet your requirements.

If you are not the end user of this template you are welcome to share this template with others. All we ask is that you keep the following links in this document intact. If you are the end user feel free to remove them.

If you find this template useful please consider taking a look at our line of customized [safety scoreboards](#) to help you automatically track the number of days since a lost time accident or incident. You can also find more great [resources](#) like this one on our blog.

Form Instructions

This form should be completed by [ROLE NAME] and submitted to [ROLE NAME] within [TIMEFRAME] of any accident/incident that meets the following criteria.

[CRITERIA]

Examples:

All injuries (even first aid cases)

All accidents with potential for injury

Property and/or product damage

All "Near Misses"

This form serves to document that an accident/incident has occurred and any preliminary findings. Submission of this form should be followed up with a detailed investigation and the supervisor named in this report should complete the supervisor accident report form.

Accident Report Number

(will be assigned)

#

Employee Details (who was involved)

First Name

Last Name

Position

Address

Accident Details

Accident Date (Date/Time)

First Reported On (Date/Time)

Ceased Work (Date/Time)

Supervisor



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Time Lost (to date)	Time Lost (anticipated)	Reported Date (Date/Time)

Medical Treatment Required (Detailed as possible)

Part of Body Injured (place X where applicable)

Head	Trunk	Eyes	Arm
Neck	Leg		
Other	Comments:		

Nature of Injury (place X where applicable)

Sprain	Laceration	Burn	Fracture
Concussion	Superficial	Dislocation	Amputation
Contusion			
Other	Comments:		

Incident Type (place X where applicable)

Flying Object	Manual Handling	Electricity	Struck By
Poisoning	Fall	Caught in	Temperature
Other	Comments:		

Statement (Witness or Injured Person)

Describe the events leading up to the injury and how the injury occurred.

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Witness Name	Witness Signature	Statement Date (Date/Time)
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