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](https://www.cousign.com) **to help you automatically track the number of days since a lost time accident or incident. You can also find more great** [**resources**](https://www.cousign.com) **like this one on our blog.**

|  |
| --- |
| Form Instructions |
| This form should be completed by the supervisor named in an accident report form and submitted to [ROLE NAME] within [TIMEFRAME] of any accident/incident reported. This form serves to document the details of an accident/incident as well as details about possible work hazards that led to the incident. |

|  |
| --- |
| Accident/Incident Report  |
| First Name (who is completing this report) | Last Name |
|  |  |
| Position (supervisor from accident report) | Accident Report Number (from accident report) |
|  |  |
| Work-Related Injury? |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |

 |
| Workers Compensation Form Filed? | **Details** (when was the form filed/id number) |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |

 |  |
| Government/Insurance Entities Advised (list those advised or enter not applicable) | **Date** (when were listed entities advised) |
|  |  |
| Did the injured employee go home during their work shift? | **Details** (when did they leave the job, etc) |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |

 |  |

|  |
| --- |
| Accident Details |
| How did the accident happen |
|  |
| Additional Witness Details |
|  |
| Contributing Factors (place X where applicable) |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Ineffective Guarding |  | Lack of protective equipment |  | Lack of training |  | Lack of maintenance |
|  | Safety rules not followed |  | Inexperience |  | Unsafe work methods |  | Misconduct |
|  | Workplace design |  | Weather |  | Poor Housekeeping |  | Language Barriers |
|  | Other | Comments: |

 |
| Explain what caused the accident |
|  |
| Have unsafe conditions been corrected? | Details(what was done, what needs to be done)  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |

 |  |
| How can a reoccurrence be prevented? |
|  |
| Additional Comments |
|  |
| Supervisor Name | Supervisor Signature | Statement Date (Date/Time) |
|   |  |  |