



## Accident / Incident Report Form

Have employees complete this form to report any work related injuries, illnesses, incidences and near misses. This form must be completed even if the incident is a near miss. This will help identify and correct workplace hazards. Once the form is completed, have your employee return it to their supervisor for further action.

<b>ACCIDENT REPORT FORM</b>		
DATE:	TIME:	LOCATION:
Please Circle: Work Related Injury	Illness	Near Miss
<b>INJURIES</b>		
Names of those affected:		
Possible cause of injury:		
Equipment, tool, substance being used prior to incident:		
<b>PROPERTY OR EQUIPEMENT DAMAGE:</b>		
Damaged items:		
Type of damage:		
How did the damage occur:		
<b>WORK BEING DONE WHEN ACCIDENT OCCURRED:</b>		
Description of work:		
Names of people involved:		
Equipment and/or tools being used:		
Details including how did the accident occur:		
<b>SKETCH</b>		