

## 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.

| ACCIDENT REPORT FORM                                     |         |           |
|--|---------|-----------|
| Date:  | Time:   |           |
| Location of accident:                                    |         |           |
| Please circle:   |         |           |
| Work related injury                                      | Illness | Near miss |
| INJURIES   |         |           |
| Names of those affected:                                 |         |           |
| Possible cause of injury:                                |         |           |
| Equipment, tool, substance being used prior to incident: |         |           |
| PROPERTY OR EQUIPMENT DAMAGE:                            |         |           |
| Damaged items  |         |           |
| Type of damage   |         |           |
| How did the damage occur                                 |         |           |
| WORK BEING DONE WITH ACCIDENT OCCURRED:                  |         |           |
| Description of work                                      |         |           |
| Names of people involved:                                |         |           |
| Equipment(s) and tools used:                             |         |           |
| Details including how did the accident occur:            |         |           |
| Sketch:  |         |           |



BE RESPONSIBLE - THINK SAFETY