**ACCIDENT / INCIDENT REPORT FORM TEMPLATE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME:** |  |  | **TITLE / ROLE:** |  |  | **DATE OF REPORT:** |  |
| **EMPLOYEE SIGNATURE:** |  |  | **LENGTH OF TIME IN CURRENT ROLE:** |  |  | **DATE OF INCIDENT:** |  |
| **LOCATION OF INCIDENT:** |  |  | **TIME OF INCIDENT:** |  |

|  |  |  |
| --- | --- | --- |
| **RESULT OF ACCIDENT / INCIDENT** |  | **INCIDENT INFORMATION** |
| **Head** | 🞎 |  |  | **LEFT** | **RIGHT** |  | **Incident description** |  |
| **Face** | 🞎 | **Shoulder** | 🞎 | 🞎 |
| **Neck** | 🞎 | **Arm pit** | 🞎 | 🞎 |
| **Upper back** | 🞎 | **Upper arm** | 🞎 | 🞎 |
| **Lower back** | 🞎 | **Lower arm** | 🞎 | 🞎 | **Tasks leading to incident** |  |
| **Chest** | 🞎 | **Elbow** | 🞎 | 🞎 |
| **Abdomen** | 🞎 | **Wrist** | 🞎 | 🞎 | **Additional information** |  |
| **Pelvis / groin** | 🞎 | **Hand** | 🞎 | 🞎 |
| **Lips** | 🞎 | **Buttocks** | 🞎 | 🞎 | **OSHA reporting** |  |
| **Teeth** | 🞎 | **Hip** | 🞎 | 🞎 |
| **Tongue** | 🞎 | **Thigh** | 🞎 | 🞎 | **Witness name and contact** |  |
| **Nose** | 🞎 | **Lower leg** | 🞎 | 🞎 |
| **Fingers** | 🞎 | **Knee** | 🞎 | 🞎 |  |
| **Toes** | 🞎 | **Ankle** | 🞎 | 🞎 |
| **Other:** | 🞎 | **Eyes** | 🞎 | 🞎 |  |
| **Other:** | 🞎 | **Ears** | 🞎 | 🞎 |

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| **VERIFICATION** |
|  |  |
| **SUPERVISOR NAME:** |  |  | **REPORTED TO:** |  |  | **DATE OF REPORT:** |  |
| **SUPERVISOR SIGNATURE:** |  |  | **BUREAU:** |  |  | **WORK UNIT:** |  |
| **ADDITIONAL INFORMATION:** |  |