

# 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				
HEAD			LEFT	RIGHT
FACE		SHOULDER		
NECK		ARM PIT		
UPPER BACK		UPPER ARM		
LOWER BACK		LOWER ARM		
CHEST		ELBOW		
ABDOMEN		WRIST		
PELVIS / GROIN		HAND		
LIPS		BUTTOCKS		
TEETH		HIP		
TONGUE		THIGH		
NOSE		LOWER LEG		
FINGERS		KNEE		
TOES		ANKLE		
OTHER:		EYES		
OTHER:		EARS		

INCIDENT INFORMATION	
INCIDENT DESCRIPTION	
TASKS LEADING TO INCIDENT	
ADDITIONAL INFORMATION	
OSHA REPORTING	
WITNESS NAME AND CONTACT	

## VERIFICATION

SUPERVISOR NAME: \_\_\_\_\_ REPORTED TO: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_  
 SUPERVISOR SIGNATURE: \_\_\_\_\_ BUREAU: \_\_\_\_\_ WORK UNIT: \_\_\_\_\_  
 ADDITIONAL INFORMATION: \_\_\_\_\_