

Employee Statement Form After Accident at Work

An **Employee statement form** sample after an accident at work is essential for documenting the incident clearly and accurately. This form helps gather detailed accounts from the employee involved, ensuring proper investigation and compliance with workplace safety regulations. Accurate reporting aids in preventing future accidents and supports any necessary claims or medical evaluations.

Employee Name:

Job Title:

Department:

Date of Accident:

Time of Accident:

e.g., 2:30 PM

Location of Accident:

Description of Accident (what happened, how, and why):

Nature and extent of injuries (if any):

Names of witnesses (if any):

Immediate Actions Taken (first aid, reported to supervisor, etc.):

Additional Comments:

Employee Signature:

Date:

Submit Statement