

Employee Injury Accident Report Form

Date of Report: _____

Time of Report: _____

Employee Information

Full Name	_____
Employee ID	_____
Job Title	_____
Department	_____
Supervisor/Manager	_____

Incident Details

Date of Incident	_____
Time of Incident	_____
Location of Incident	_____

Description of Incident:

Nature of Injury (Specify part of body and type of injury):

Was first aid administered? Yes No

If yes, by whom? _____

Witnesses

Name	Contact
_____	_____
_____	_____

Corrective Action / Recommendations

Reported By: _____ Date: _____

Supervisor Signature: _____ Date: _____

Note: The employee injury accident report form sample is designed to document workplace incidents efficiently, ensuring accurate recording of injury details and circumstances. This standardized form helps employers comply with safety regulations and facilitates timely medical response and claims processing. Utilizing such a form promotes a safer work environment by enabling thorough investigation and prevention of future accidents.