

Supervisor Report of Accident

Name _____ Job Position/Title _____

Name of Injured Employee _____ Location/Dept _____

Date and Time of Accident _____

What time did the employee report to work on the day of the accident? _____

Describe how accident happened :

Describe injuries :

List the names of any witnesses to the accident

Could anything be done to prevent accidents of this type?

Signature of Supervisor _____ Date _____