ACCIDENT/INCIDENT REPORT
(Including Illness or Near Misses)

Investigation Report

Date of accident or illness:	Time of day:	
Date reported:	Location:	
Person involved:	☐ Employee	☐ Temporary
	☐ Contractor	☐ Visitor
Position title:		Date employed:
Department:	Manager or supervisor:	
Witness #1:	Witness #2:	

Description of the injury or illness:			
Description of activity at the time of the accident:			
Accident resulted in:	☐ Injury	☐ Lost time	☐ Medical clinic treatment
☐ Property damage	☐ Illness	☐ First aid	☐ Near Miss

Recommended corrective action:	By Whom	By When
Immediate corrective action taken:	By Whom	By When

Investigated by:	
Title:	Date:

Supervisor's Report				
Employer:	Injured employee:			
Location:	Treating Doctor:			
Occupation of injured employee:	Age of injured employee:			
Date of injury:	Time of injury:	☐ A.M.	☐ P.M.	
Nature of injury (such as strain, cut, or bruise):				
Part of body that was injured (such as left hand or right ankle):				
Did injured employee return to work?	☐ Yes	☐ No	Date:	Time:
Where and how did the accident happen?				
Specify any equipment, substance, or object connected with the accident or illness:				
What was the employee doing at the time of the accident or illness?				
Witness/es:				
Measures recommended to prevent a similar accident:				
Supervisor signature:			Date:	

Employee's Report				
Employer:		Employee:		
Location:		Treating Doctor:		
Occupation:			Age:	
Date of injury:		Time:	☐ A.M.	☐ P.M.
Nature of injury (such as strain, cut, or bruise):				
Part of body that was injured (such as left hand or right ankle):				
Did you return to work?	☐ Yes	☐ No	Date:	Time:
Where and how did the accident happen?				
Specify any equipment, substance, or object connected with the accident or illness:				
What were you doing at the time of the accident or illness?				
Witness/es:				
Do you have any recommendations to prevent a similar accident:				
Employee signature:			Date:	