



Appendix E

Accident/Incident Report

Name of Person Involved _____

Details of the Injury ☐ Incident ☐ Near miss ☐

Date of injury/incident/near miss occurred _____

Location _____ Time: _____ a.m. __p.m. __

Cause of injury/incident/near miss

What were you doing at the time of injury/incident/near miss?

What was injured? Please note left or right if applicable.

Did you report the accident immediately? _____

To Whom? _____

If not, what was your reason?

Have you seen or do you plan to see a doctor? _____

(If you miss work due to an accident, you must see a doctor on the first day you miss work and provide medical updates until you return to work.)



Accident/Incident Report - Continued

Witness Name _____ **Phone #** _____

Witness Name _____ **Phone #** _____

Witness Name _____ **Phone #** _____

Name of Supervisor _____ **Phone #** _____

Signature of Supervisor _____ **Date** _____

Signature of Injured Worker _____ **Date** _____