



WORK RELATED ACCIDENT REPORT FORM

SUPERVISOR'S REPORT OF ACCIDENT

Department:

Name of Person Injured:

Title/Occupation:

Date of Accident:

Time of Occurrence:

Nature of Injury:

Part (s) of Body Affected:

Describe accident (location, equipment, material, machinery involved and the sequence of events leading to the injury).

Witnesses (Please Print)

Were safeguards provided? Yes No

Description of safeguards

Were safeguards in use?

Signature of Supervisor

Phone Extension

Hours scheduled to work

Date Prepared