

Employee accident report

Organization name: _____

To be completed by the injured employee.

Employee name: _____

Phone: _____

Employer: _____

Title: _____

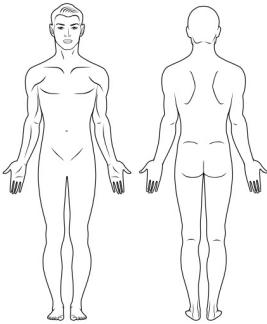
Date of accident: _____

Time of accident: _____

Address and location of accident: _____

Please explain step-by-step how the accident occurred: _____

Describe the affected body parts: _____



Identify possible causes for the accident and if/how it could have been avoided: _____

Employee signature: _____ **Date:** _____

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.