**Accident Incident Report
Template**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee name** |  | **Title / role** |  | **Date of report** |
|  |  |  |  |  |
| **Employee signature** |  | **Length of time in current role** |  | **Date of incident** |
|  |  |  |  |  |
| **Location of incident** |  | **Time of incident** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Result of Accident / Incident** |  | **Incident Information** |
| Head |[ ]   |  | **Left** | **Right** |  | **Incident description** |  |
| Face |[ ]   | Shoulder |[ ] [ ]   |  |  |
| Neck |[ ]   | Armpit |[ ] [ ]   |  |  |
| Upper back |[ ]   | Upper arm |[ ] [ ]   |  |  |
| Lower back |[ ]   | Lower arm |[ ] [ ]   | **Tasks leading to incident** |  |
| Chest |[ ]   | Elbow |[ ] [ ]   |  |  |
| Abdomen |[ ]   | Wrist |[ ] [ ]   |  |  |
| Pelvis / groin |[ ]   | Hand |[ ] [ ]   | **Additional information** |  |
| Lips |[ ]   | Buttocks |[ ] [ ]   |  |  |
| Teeth |[ ]   | Hip |[ ] [ ]   |  |  |
| Tongue |[ ]   | Thigh |[ ] [ ]   | **OSHA reporting** |  |
| Nose |[ ]   | Lower leg |[ ] [ ]   |  |  |
| Fingers |[ ]   | Knee |[ ] [ ]   | **Witness name and contact** |  |
| Toes |[ ]   | Ankle |[ ] [ ]   |  |  |
| Other: |[ ]   | Eyes |[ ] [ ]   |  |  |
| Other: |[ ]   | Ears |[ ] [ ]   |  |  |

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| --- |
| **Verification** |
| **Supervisor name** |  | **Reported to** |  | **Date of report** |
|  |  |  |  |  |
| **Supervisor signature** |  | **Bureau** |  | **Work unit** |
|  |  |  |  |  |
| **Additional information** |
|  |

|  |  |  |  |  |
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