|  |  |  |  |
| --- | --- | --- | --- |
| Employee name: |  | Position: |  |
| Department: |  | Volunteer: | 🞎 Yes🞎 No |
|  |
| Hiredate: |  | Injurydate: |  | Time: |  | am/pm | Date reported: |  |
| Location of accident (be specific): |  |
|  |
| Describe injury and ensuing treatment: |  |
|  |
|  |
| Describe the accident completely (what happened, i.e., actions, tools, area, conditions): |
|  |
|  |
| Contributing causes: |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| Corrective action implemented (engineering, administrative):  |  |
|  |
|  |
| Corrective action follow up date(s): |  |
|  |
| Investigation completed by: |  | Title: |  | Date: |  |
| Reviewed by: |  | Title |  | Date: |  |

***Continue report on separate pages as needed. Attach statements made by injured employee and/or witnesses.***