



Accident Report Form

Today's Date: _____

Please Print:

1. First Name: _____ 2. Last Name: _____

3. Address: _____ 4. City: _____ 5. State: _____

6. Zip Code: _____ 7. Telephone #: _____

8. Department: _____

9. Class and Instructor: _____

10. Date of Incident: _____ 11. Time of Incident: _____ am pm

12. Where did incident occur? _____

13. What part of the body was injured?

14. How did incident occur? _____

15. Witness(es) to the incident? Yes ___ No ___ if yes, name(s) _____

16. Did an unsafe condition contribute to the incident: Y or N, if yes, explain: _____

17. How could the incident have been prevented? _____

18. Additional comments: _____

Signature: _____

Instructor's Name: _____ Instructor's Signature: _____