

## Sample – EMPLOYEE ACCIDENT/INCIDENT INVESTIGATION REPORT

Disclaimer: The specific needs, practices, form of government and other operational procedures of your governmental entity may impact whether this example is appropriate for your use. PennPRIME recommends that you review the final product before using it, and adapt it as necessary.

**Employee Report of Accident/Incident** - Employees shall use this form to report all work related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by the employee as soon as possible and given to a supervisor for further action.

This is a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job Title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe, step by step, what led up to the injury/near miss. (continue on the back if necessary)	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you get medical treatment for this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Treatment provider’s phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Was it treated? Explain
Your Signature:	Date:
Supervisor’s Signature:	Date: