

Employee Accident Report

Employee's Name: Date of Injury: Time of Injury: Phone Number: Please explain how accident occurred in the space provided below: Describe injury in detail and indicate the affected body parts.			
Time of Injury: Phone Number: Please explain how accident occurred in the space provided below:	Employee's Name:	Home Address:	
Please explain how accident occurred in the space provided below:	Date of Injury:		
	Time of Injury:	Phone Number:	
Describe injury in detail and indicate the affected body parts.	Please explain how accident occurred in the space provided below:		
	Describe injury in det	ail and indicate the affected body parts.	
Employee's recommendations to prevent future accidents of similar circumstance:	Employee's recomme	ndations to prevent future accidents of similar circumstance:	
Employee's Signature: Date:	Employee's Signature:	Date:	