

EMPLOYEE ACCIDENT REPORT

(To be completed by injured employee)

| Employee's Name: | | |
|--|-----------------------------------|------------------------------|
| Date of Injury: | Time of Injury: | |
| Please explain how accid | ent occurred: | |
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| Describe effected body p | arts: | |
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| | | |
| Employee's recommendathappening again?): | ations for corrective action (hov | w can this be prevented from |
| | | |
| | | |
| | | |
| Employee Signature: | | |