Accident Incident Report Template

Employee name	Title / role	Date of report

Employee signature	Length of time in current role	Date of incident

Location of incident	Time of incident

Result of Accident / Incident

		Left	Right
Head	☐		
Face	☐		
Neck	☐		
Upper back	☐		
Lower back	☐		
Chest	☐		
Abdomen	☐		
Pelvis / groin	☐		
Lips	☐		
Teeth	☐		
Tongue	☐		
Nose	☐		
Fingers	☐		
Toes	☐		
Other:	☐		
Other:	☐		
Shoulder		☐	☐
Armpit		☐	☐
Upper arm		☐	☐
Lower arm		☐	☐
Elbow		☐	☐
Wrist		☐	☐
Hand		☐	☐
Buttocks		☐	☐
Hip		☐	☐
Thigh		☐	☐
Lower leg		☐	☐
Knee		☐	☐
Ankle		☐	☐
Eyes		☐	☐
Ears		☐	☐

Incident Information

Incident description	
Tasks leading to incident	
Additional information	
OSHA reporting	
Witness name and contact	

Verification

Supervisor name	Reported to	Date of report

Supervisor signature	Bureau	Work unit

Additional information

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