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### Company Name Employee Accident Form

This form is only an example. Feel free to use it for development of a form that would meet your specific needs. For example, you can list all locations so employees only have to check the location of the accident. An injured area list can also be done the same way.

If you need further assistance please contact \_\_\_\_\_

<b>Name of Injured Person:</b> _____ <b>Age:</b> _____
<b>Gender:</b> Male or Female
<b>Address:</b> _____ <b>Phone:</b> (____)_____
<b>City:</b> _____ <b>St:</b> _____ <b>Zip Code:</b> _____
<b>Date of Accident:</b> _____ <b>Time of Accident:</b> _____ am pm (Circle One) <b>Place of Accident:</b> _____
<b>Part of Body Injured</b> For example: back, ankle, knee, abdomen, pelvis, face, head, neck, thorax, elbow, finger, foot, forearm, groin, hand, hamstring, quads, ribs, shin, shoulder, toe, upper arm, wrist, other <b>Please indicate:</b> ___ Right ___ Left
<b>Description of Injury:</b>
<b>Was CPR/First Aid given? Yes or No By Whom:</b> _____ <b>Body fluid spill? Yes or No</b>
<b>What type of first aid was given?</b>
<b>Was removed from accident scene? How?</b> ___ Ambulance ___ Private ___ Auto ___ Police ___ Other