EMPLOYEE STATEMENT
ACCIDENT/INCIDENT REPORT

Name_____ Date_____

Describe the accident/incident

Date_____ Time of accident_____

Where did accident/incident occur?_____

What Happened?_____

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Were you using safety equipment? _____Yes _____No

What type of safety equipment were you using?_____

_____

I **will** be seeking medical treatment_____

I **will not** be seeking medical treatment_____

_____

Employee Signature Date