**Accident Incident Statement Form**

**General Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Employee ID (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date & Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incident Type (Check all that apply)
 ☐ Slip and Fall
 ☐ Vehicle Collision
 ☐ Equipment Malfunction
 ☐ Exposure to Hazardous Material
 ☐ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Incident Aspect** | **Employee’s Statement** | **Supervisor’s Statement** | **Witness’s Statement** |
| --- | --- | --- | --- |
| **Cause of Incident** |  |  |  |
| **Actions Taken** |  |  |  |
| **Injuries Reported** |  |  |  |
| **Property Damage** |  |  |  |
| **Safety Violations** |  |  |  |
| **Medical Treatment Given** |  |  |  |
| **Corrective Measures** |  |  |  |
| **Further Investigation Needed** |  |  |  |

**Employee’s Description of the Incident**

* **Provide a detailed explanation:**

**Supervisor’s Comments**

* **Supervisor’s perspective on the incident:**

**Safety Recommendations**

* **Measures to prevent similar incidents in the future:**

**Acknowledgment & Signatures
 I confirm that the above statement is accurate.**

* **Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**