

## Appendix 5-15

### ACCIDENT REPORT FORM

<b>Section A: General Information</b>	
Last Name:	First Name:
Staff <input type="checkbox"/> Customer <input type="checkbox"/>	
Department:	Position:
Telephone Number:	Email:
<b>Section B: Description of the Event</b>	
Date of Event:	Time of Event:
Date Reported:	Time Reported:
Location of Event:	
What happened?	
Were you injured?	
Factors that contributed to the event:	
How could event have been avoided?	
First Aid given    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by whom?	
Signature of Injured Party:	
Form Completed by:	Position:
Signature:	Date:
<b>Section C: General Information</b>	
Supervisor's Last Name:	Supervisor's First Name
Department:	Position:
Telephone Number:	Email:
Material Damage    Yes <input type="checkbox"/> No <input type="checkbox"/>	Estimate:
<b>Section D: Preventative Measures</b>	
Cause of Event:	
Correction Actions:	
Have person(s) involved received training?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Supervisor's Comments:	