

ACCIDENT REPORT FORM

1. When did the injury occur? Date: _____ Time: _____ a.m. p.m.
2. Name of injured person: _____
3. Room/Lab/Location where the injury occurred: _____
4. Describe exactly how the injury occurred: _____

5. Describe in detail all first-aid administered: _____

6. List sources of medical attention: _____

7. Was the person transported to a hospital? Yes No
8. Does the injured person have insurance? Yes No
9. List any equipment guards or safety measures which were not being used when the accident occurred:

10. Instructor in charge: _____

Signature: _____ Date: _____