

**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 hospitalization necessary?  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: \_\_\_\_\_