



Black Hawk Employee Accident Report Form

Employee Information:

Name of Employee: _____

Supervisor's Name: _____

Accident Information:

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____ (Include building/area/section)

How did the accident occur? *(Please provide a detailed description of the event leading to the accident, including any equipment or environmental factors involved.)*

Injury Information:

Describe the injury sustained: *(Please describe the type of injury, body part(s) affected, and severity.)*

First Aid Rendered: *(Please indicate any first aid administered to the injured employee, including the treatment given and by whom.)*

Witness Information:

Were there any witnesses to the accident?

- Yes []
- No []

If yes, please provide the witness details:

- **Name(s):** _____
- **Contact Information (Phone/Email):** _____
- **Statement of Witness:** *(Please provide a brief summary of the witness's account of the accident.)*

(continued on the back)

Additional Information:

Has the accident been reported to HR or the appropriate department?

- ☐ Yes []
- ☐ No []

Any further actions required or follow-up needed? *(Include any corrective actions, investigations, or follow-up medical care.)*

Report Prepared By:

Name of Reporter: _____

Date of Report: _____

Signature of Employee:

(By signing, the employee confirms the details in this report to be true and accurate.)

Signature: _____

Date: _____

Signature of Supervisor/Manager:

(By signing, the supervisor confirms receipt and review of the report.)

Signature: _____

Date: _____

For Office Use Only:

Follow-up Actions: *(HR/Management Use Only)*

Status of Report:

- ☐ Open []
- ☐ Closed []
- ☐ Under Investigation []