# Accident record book

**Accident Record**

Name: Click to enter text. Position: Click to enter text.

Date: Click to enter. Time of Accident: Click to enter. Date & Time Reported: Click to enter.

Description of Accident:

Click to enter text.

Nature of Injury: Treatment:

|  |  |
| --- | --- |
| Click to enter text. | Click to enter text. |

Witness: Outcome:

|  |  |
| --- | --- |
| Click to enter text. | Click to enter text. |

Supervisor Initials: enter initials Employee Initials: enter initials Contacted Campus Security for first aid: yes no

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accident Record**

Name: Click to enter. Position: Click to enter.

Date: Click to enter. Time of Accident: Click to enter. Date & Time Reported: Click to enter.

Description of Accident:

Click to enter text.

Nature of Injury: Treatment:

|  |  |
| --- | --- |
| Click to enter text. | Click to enter text. |

Witness: Outcome:

|  |  |
| --- | --- |
| Click to enter text. | Click to enter text. |

Supervisor Initials: enter initials Employee Initials: enter initials Contacted Campus Security for first aid: yes no