

Completed Accident Report - Example

Activity 2: Sample Completed Accident Report

Appendix 2.1

Accident Report Form	
Name of Injured Worker	<u>John Smith</u>
Date	<u>October 13, 1999</u>
Type of Injury	<u>Sprained wrist.</u>
Cause of Injury	<u>Slipped on wet floor.</u>
Time of Injury	<u>3:45 PM</u>
Remarks:	<u>No caution sign</u>
Signature	<u>John Smith</u>
Witness	<u>Bob Davis</u>

Go to the next page and completed the missing sections of the accident report. You can refer to page one for help.

Activity 2: Sample Partially Completed Accident Report

Appendix 2.2

Name: _____

Date: _____

Type of Injury <u>Fractured right arm</u> Cause of Injury _____ _____ Remarks: _____
Type of Injury _____ Cause of Injury <u>Spilt corrosive substance</u> _____ Remarks: _____ _____
Type of Injury _____ Cause of Injury _____ _____ Remarks: <u>Box was not labelled as</u> <u>'Heavy'</u>