

Complete an Accident Report	Writing
Theme: Employment	CLB 5
Topic: Workplace Safety	Competency: III. Getting Things Done

Name :

Date :

Look at the pictures of the workplace accidents and complete the accident reports below them.

Report 1 (Afternoon)



Bhagat Singh



Accident Report Form

Name of Injured Worker _____

Date _____

Type of Injury _____

Cause of Injury _____

Time of Injury _____

Remarks _____

Signature _____ Witness B. Singh

Report 2 (Afternoon)



Accident Report Form

Name of Injured Worker _____

Date _____

Type of Injury _____

Cause of Injury _____

Time of Injury _____

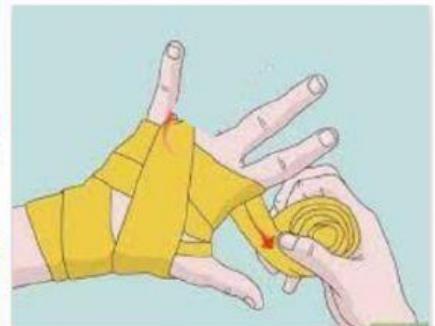
Remarks _____

Signature _____ Witness Allan

Report 3 – (Morning)



Terry Clark



Accident Report Form

Name of Injured Worker _____

Date _____

Type of Injury _____

Cause of Injury _____

Time of Injury _____

Remarks _____

Signature _____ Witness B. Clark

Self-Evaluation:

1. I viewed the images carefully and wrote the correct word for each verb.
2. I used the simple past tense for action verbs.
3. I completed all of the blanks: name, date/time, injury type, cause of injury, remarks, and signature.
4. I capitalized appropriately.
5. I checked for spelling, grammar, and punctuation.
6. I am _____ confident about writing an accident report.

DO NOT COMPLETE THE AREA BELOW.

ASSESSMENT TOOL

CRITERIA

CRITERIA	A little Needs Improvement	Some Developing	Most Good	All Excellent
	2	4	6	8
Completed a formal accident report with clarity and accuracy.				
	1	2	3	4
Organization – completed all of the fields on the line with accuracy.				
Used workplace safety vocabulary/expressions.				
Used complete sentences (writing is somewhat complex and cohesive)				
Used adequate grammar (proper use and spelling of simple past).				
Used adequate spelling, punctuation and capitals.				

Success = 20/28

Your Score: /28

Pass: Yes No

Continue:

Next Time: