

SHOP ACCIDENT REPORT

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL OR PROGRAM \_\_\_\_\_

LOCATION \_\_\_\_\_

1. Describe the injury.
2. Time and date of accident.
3. How did the accident occur?
4. Which machine or piece of equipment was involved? Serial Number?
5. Were proper safety precautions being used at the time of the accident? Explain.
6. Were proper safety clothing and equipment being used at the time of the accident? Explain.
7. Was the accident a direct result of a safety violation? Explain.
8. Was the student previously informed of the safety rule that should have prevented this accident? Explain.
9. What medical treatment was provided?

Witnesses: \_\_\_\_\_

Name	Address
Name	Address
Name	Address

Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Report in Central Office: \_\_\_\_\_