

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: _____