

DePauw University

**Workplace Accident/Incident Investigation
Statement by Injured/Ill Employee**

(Please Print or Write Legibly)

Name of Employee: _____

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Location of Accident/Incident: _____

Description of Events Immediately Preceding Accident/Incident: _____

Task/Activity Engaged in at the Time of the Accident/Incident: _____

Description of the Accident/Incident: _____

Cause of the Accident/Incident?: _____

Equipment/Materials Involved in the Accident/Incident?: _____

Witness(es)?: _____

Others with Relevant Knowledge?: _____

To who are the accident/incident reported? _____

Did you request medical attention? _____ Yes _____ No

In an effort to make our workplace accident-free, we would like your assistance in trying to prevent a similar accident/incident from occurring again. Could anything have been done to prevent this accident (additional training, different equipment, protective devices, etc.)?

Any other comments, observations or suggestions that you can provide?

Employee Signature: _____ Date: _____