

Form EPRM E1, *Employee Accident Report*

(Filled out completely by injured employee)

Name: _____ Title: _____

Company: _____

Physical Location of Accident: _____

Date of Accident: _____ Time of Accident: _____ am ___ pm ___

Work Activity Being Performed Up to Time of Accident: _____

Specific Action/Scenario Causing Accident: _____

Witnesses: Name: _____

Name: _____

Name: _____

I certify with my signature below that the aforementioned information is accurate to the best of my knowledge and understanding.

Signature of Employee

Date of This Report