



# ACCIDENT RECORD BOOK

**Accident Record**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Date: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Date & Time Reported: \_\_\_\_\_

Description of Accident:

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Nature of Injury:	Treatment:

Witness:	Outcome:

Supervisor Initials: \_\_\_\_\_ Employee Initials: \_\_\_\_\_ Contacted Campus Security for first aid: yes no

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