

THE CITADEL  
THE MILITARY COLLEGE OF SOUTH CAROLINA  
CHARLESTON, SOUTH CAROLINA

Employee's name: (Last,First,Middle) \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Job position/ title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Date and time of accident: \_\_\_\_\_ Location: \_\_\_\_\_

Task being performed when accident occurred: \_\_\_\_\_

Date and time accident reported to you: \_\_\_\_\_

Name(s) of witness(es): \_\_\_\_\_

\_\_\_\_\_

Accident resulted in: Injury \_\_\_\_\_ Fatality \_\_\_\_\_ Property damage \_\_\_\_\_

First aid given? \_\_\_\_\_ Medical treatment required? \_\_\_\_\_ Workdays lost: \_\_\_\_\_

Describe how the accident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions, events or conditions contributed most directly to this accident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Could anything be done to prevent accidents of this type? If so, what? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

