Bermuda Institute of Ocean Sciences

Accident Report Form

Personal Information

Current Date:

Name:

Age:

Occupation/Job Title:

Supervisor:

Home Address:

Phone:

Email:

Date of Accident:

Information on Injury

Eye	☐	Ear	☐	Face	☐	Neck	☐	Head	☐
Arm	☐	Wrist	☐	Hand	☐	Finger	☐	Upper body	☐
Leg	☐	Ankle	☐	Foot	☐	Toe	☐	Lower body	☐
Back	☐	Respiratory	☐	Internal Organ	☐				

Other:

Cause of Injury:

Site/Activity Information

Site of Accident:

Activity at Time of Accident:

Weather Conditions:

Witnesses:

Description of Incident/Accident:

Sequence of Events Leading up to the Accident:

Follow Up

Remedial Action Taken:

Conclusions/Recommendations:

Report Completed by (print name):

Signature Field (written or electronic):

- Official Use Only -

Signature of SHC Chairperson:

Date

Signature of HR Receipt:

Date

Print Form Submit by E-mail