

ARM AMERICAN REPAIR MAINTENANCE

114 W Savidge St., Spring Lake, MI 49456
 P: 616-844-1108 F: 616-844-1150
 W: www.armaintenance.com

Employee Accident and Injury Report

Employee Name	Position
Date and Time of Accident	Time Employee began work
Location and Address of Accident:	Accident Resulted In: <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage (Specify)
Medical Treatment: <input type="checkbox"/> None <input type="checkbox"/> Paramedic <input type="checkbox"/> Hospital <input type="checkbox"/> First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Other: _____ <input type="checkbox"/> EMT <input type="checkbox"/> Clinic _____	

What was the employee doing just before the accident? _____

How did the accident/injury occur?

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What job or activity was being engaged in at time of injury? _____

What object or substance directly harmed the employee? Example: Ladder, concrete floor, etc.

Employee Signature

Date