

# Job Accident Questionnaire

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1- a. **Name:**

2- a. **Today's date:**

3- a. **Site name:**

b. Location:

c. Equipment ID?

4- a. **What happened?**

b. Accident date?

c. Who was involved?

d. Was anyone injured?

e. Was medical attention needed?

f. Was equipment damaged?

g. Was safety policy followed? How?

5- a. **Company:**

b. Was it reported?

c. When?

d. To whom?

e. What was their response?

6- a. **Union:**

b. Was it reported?

c. When?

d. To whom?

7- a. **Extra Notes?**