

SUWANNEE COUNTY

NON-EMPLOYEE ACCIDENT REPORT

Date of Injury: _____ Time: _____ Accident Location: _____

Non-Employee Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone #: _____

Who was Notified? _____

What was the Injury? _____

Description of Accident or Injury: _____

Witness Name: _____ Phone #: _____

Witness Name: _____ Phone #: _____

Was First Aid Requested? Yes/No Name of person giving first aid: _____

Did equipment malfunction? Yes _____ No _____ If yes, describe malfunction: _____

Describe damage to equipment or property: _____

As you reviewed the facts, what caused this accident? _____

What action has been or will be taken to prevent recurrence? _____

Additional comments: _____

Non-Employee Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____
