



CUSTOMER / SUPPLIER ACCIDENT REPORT

(Please print all information clearly)

Store # _____ Date: _____ Time _____ a.m. / p.m.

Address: _____

Telephone: _____

Customer/Supplier Name: _____

Address: _____

Telephone: _____

Description of Accident: _____

Nature of Injury (if any) _____

Was ambulance called? _____ Yes _____ No

Was area where accident happened checked? _____ Yes _____ No

Were photographs taken? _____ Yes _____ No

If Supplier, were they wearing safety shoes _____ Yes _____ No

Further information or comments: _____

Signed: _____
Owner/Manager on Duty

Date: _____

Signed: _____
Customer / Supplier

Date: _____