

ACCIDENT REPORT

THIS FORM IS TO BE USED TO REPORT AN ACCIDENT
INVOLVING A NATIONAL VENDORS PRODUCT

NOTE: Do not make any comment regarding the reported incident to any of the individuals contacted when completing this report. Any information too lengthy for the space provided is to be continued on a sheet attached to this report.

MACHINE MODEL _____, **SERIAL NUMBER** _____

TIME AND PLACE OF INCIDENT

Date of incident _____, Time _____, AM/PM _____

Location of incident (where did the accident occur?) _____

Address _____

City _____, State _____

Owner of machine _____

Owner's address _____

City _____, State _____

DESCRIPTION OF INCIDENT

Name of person(s) reported as injured or involved _____

Age _____, Telephone number _____

Address _____

City _____, State _____

Was the person involved a user of the machine? _____, a location employee ? _____

an operator employee ? _____ Employer's name _____

Employer's Address _____

City _____, State _____

Describe in detail how the incident is reported to have happened. Include the type of injury along with any equipment or property damage resulting from the incident. _____

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MACHINE MODEL _____, **SERIAL NUMBER** _____

(Please reenter this information in case pages get separated)

DESCRIPTION OF INCIDENT CONT'D

Describe the specific part of the equipment involved. _____

Describe any unusual conditions evident at the location at time of incident _____

List the names of any eyewitnesses to the incident. Include address, City, State, telephone # and relationship (if any) _____

CONDITION OF MACHINE

Present location of machine _____

Address _____, City _____, State _____

Did you personally inspect the machine? No _____, Yes _____, Date _____

Was the machine in operating condition when you inspected it? _____

Is the machine in operation now? _____, If yes, give location _____

Address _____, City _____, State _____

Has the machine been modified? _____, If yes, describe _____

Reported by: _____, Date: _____