

EMPLOYEE ACCIDENT REPORT
J-2 Contracting Company

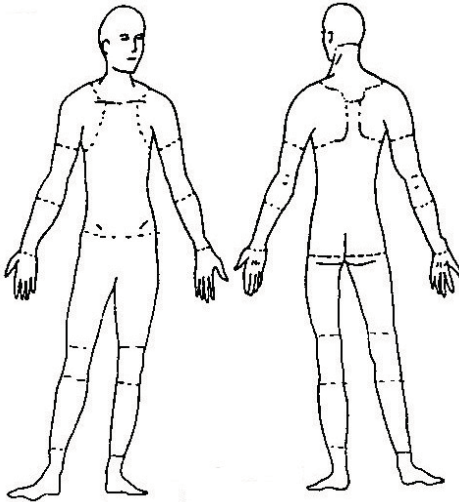
(To be completed by injured employee with 24 hours of accident)

Employee's Name: _____

Date of Injury: _____ Time of Injury: _____

Please explain how accident occurred:

Please describe the injury incurred and shade in the body parts affected:



Witness: _____ Witness Phone #: _____

Employer Representative Notified: _____ When? _____

Employee's recommendations for corrective action:

Employee Signature: _____

Date: _____