



**AIRCRAFT ENGINE LODGE 912**  
**INTERNATIONAL ASSOCIATION OF MACHINISTS**  
**AND AEROSPACE WORKERS**  
**AFL-CIO**  
**Injury or Accident Report**



Name \_\_\_\_\_ Badge # \_\_\_\_\_ Classification \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Work \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Home \_\_\_\_\_

Supervisor \_\_\_\_\_ Steward \_\_\_\_\_  
 Shift \_\_\_\_\_ Department \_\_\_\_\_ Building \_\_\_\_\_  
 Date of Accident \_\_\_\_\_ Time \_\_\_\_\_

Describe Accident or Injury:

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Remarks:

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| Witnesses: _____ | Safety Representative Sign. | Date: |
| _____            | _____                       | _____ |
| _____            | _____                       | _____ |
| _____            | _____                       | _____ |

|                  |       |
|------------------|-------|
| Supervisor Sign. | Date: |
| _____            | _____ |