

Occupational Accident Report Template

Basic Information

Date of Report

Reported By

Full name

Position

Job title or role

Accident Details

Date of Accident

Time of Accident

Location(s)

Specific location of accident

Name of Person(s) Injured

Position/Role of Injured Person(s)

Nature and Extent of Injury

Description of the Accident

Describe What Happened

Witnesses (if any)

Names of witnesses

Immediate Actions Taken

First Aid or Medical Treatment Provided

Other Immediate Actions

Follow-up and Recommendations

Further Action Required

Recommendations to Prevent Recurrence

Important Notes:

- This form should be completed as soon as possible after the occurrence of any occupational accident.
- All sections should be filled out accurately and legibly.
- Attach additional documentation or evidence (photos, witness statements) if applicable.
- Submitting this form does not replace external legal or regulatory reporting requirements.
- Maintain confidentiality and comply with organizational policies on incident reporting.