

Standard Incident Documentation Form for Work Accidents

1. Basic Information

Date of Incident

Time of Incident

Location of Incident

Name of Person Reporting

Contact Information

2. Affected Employee Information

Employee Name

Employee ID/Number

Department

Job Title

3. Incident Description

Describe the incident in detail

Witness(es) (If any)

Nature and extent of injury/illness

4. Immediate Actions Taken

Describe actions taken immediately after the incident

Medical treatment provided (if applicable)

5. Root Cause Analysis

Identify the root cause(s) of the incident

6. Preventive Measures & Recommendations

List proposed measures/actions to prevent recurrence

7. Authorization & Sign-Off

Supervisor/Manager Name

Signature

Date

Important Notes

- This form must be completed as soon as possible after a work accident occurs.
- Provide as much detailed and factual information as possible.
- All incidents, regardless of severity, should be documented and reported.
- Ensure confidentiality and accuracy in documenting personal and sensitive information.
- The completed form should be submitted to the relevant department for further review and corrective action.