

# 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.