

Workplace Accident Incident Report

1. Basic Information

Date of Incident: _____ Time: _____

Location: _____

Reported By: _____ Department: _____

2. Person(s) Involved

Name: _____ Employee ID: _____

Job Title: _____ Contact: _____

Supervisor: _____

3. Incident Description

4. Injury Details (if any)

Type of Injury: _____ Body Part Affected: _____

Severity: _____ First Aid Provided: Yes / No

Medical Attention Required: Yes / No
If yes, specify: _____

5. Witnesses (if any)

Name: _____ Contact: _____

Name: _____ Contact: _____

6. Immediate Actions Taken

7. Recommendations/Preventive Measures

8. Report Prepared By

Name: _____ Signature: _____

Date: _____

Important Notes:

- This form should be completed as soon as possible following the incident.
- Provide factual and accurate information; avoid assumptions.
- Include as many details as possible, including witness statements if available.
- Retain a copy of this report for company records and legal compliance.
- Follow up on recommended preventive actions to minimize future risks.