

Workplace Accident Documentation Form

Date of Accident

Time of Accident

Location of Accident Enter exact location

Employee(s) Involved Name(s) and ID(s)

Describe what happened

Description of Accident Describe any injuries

Injuries Sustained (if any)

Witnesses Name(s) and contact detail

Describe actions

Immediate Actions Taken

Reported To Supervisor/Manager Name

Date Reported

Any further information

Additional Notes

Important Notes

- This form should be completed as soon as possible after any workplace accident occurs.
- Accurate and detailed information ensures proper reporting and follow-up action.
- All reports are confidential and used to promote workplace safety.
- Ensure all sections are completed to the best of your knowledge.
- Keep a copy of the completed form for your records and submit as required by company policy.