

Workplace Accident Documentation Form

Date of Accident

Time of Accident

Location of Accident

Employee(s) Involved

Description of Accident

Injuries Sustained (if any)

Witnesses

Immediate Actions Taken

Reported To

Date Reported

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.