

# Incident Description Form

Accident Investigation Report

Date of Incident

Time of Incident

Location

Reported By

Persons Involved (Names & Roles)

Witnesses

Incident Description

Describe what happened, including sequence of events and conditions leading to the accident

Injury/Illness Details (if any)

List and describe injuries, if any

Property/Equipment Damage (if any)

Immediate Action Taken / Corrective Actions

Outline steps taken to address the incident immediately and prevent recurrence

Investigator(s) Name(s)

Date of Investigation

**Important Notes:**

- Provide clear, factual, and objective details in all sections.
- Do not assign blame or make assumptions; record observed facts and evidence only.
- Timely completion and submission help support corrective actions and reporting requirements.
- Keep information confidential and share only with authorized personnel.
- Review the completed report for completeness and accuracy before submission.