

# Detailed Workplace Accident Liability Declaration

## 1. Incident Information

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

## 2. Involved Parties

Employee Name: \_\_\_\_\_

Position/Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

## 3. Description of the Accident

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## 4. Immediate Actions Taken

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## 5. Declaration of Liability

I, the undersigned, declare that the information provided above is accurate and complete to the best of my knowledge. I acknowledge responsibility for any omissions or misrepresentations. I understand that this declaration may have legal implications regarding liability and workplace safety protocols.

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Employee Signature

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Date

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Supervisor Signature

## Important Notes

- This declaration should be completed as soon as possible following the incident.
- Ensure all sections are filled out truthfully and thoroughly.
- This document may be used in internal investigations and legal proceedings.
- Attach any supporting evidence or witness statements if available.

