

Accident Report

Date of Report: [Insert Date]

Report Number: [Insert Report Number]

Incident Details

Date of Incident: [Insert Date]

Time of Incident: [Insert Time]

Location: [Insert Location]

Description of Incident:

[Provide a detailed description of the incident, including what happened, the sequence of events, and any other relevant information]

Injured Party Information

Name: [Insert Name]

Position: [Insert Position]

Contact Information: [Insert Contact Information]

Injuries Sustained: [Describe any injuries sustained by the employee]

Witness Information

Name: [Insert Witness Name]

Position: [Insert Witness Position]

Contact Information: [Insert Witness Contact Information]

Immediate Actions Taken

[Describe any immediate actions taken following the incident, including first aid, notification of emergency services, etc.]

Recommendation for Preventive Measures

[Suggest any changes or recommendations to prevent similar incidents in the future]

Report Prepared By

Name: [Your Name]

Position: [Your Position]

Signature: _____

Date: [Insert Date]