Take a free trial at[**Safetymint.com**](https://www.safetymint.com/digital-incident-report.htm)

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**Accident Report Form**

|  |
| --- |
| **ACCIDENT DETAILS:** |
| Date and time of the Accident | **:** |  |
| Location of the Accident | **:** |  |
| Describe the Accident | **:** |  |
|  |  |  |
| Details of the witnesses, if any | **:** |  |
|  |  |  |

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| **PERSON(S) INVOLVED** |
| Name(s) | **:** |  |
|  |  |  |
| Job title(s) | **:** |  |
|  |  |  |
| Nature and extend of injuries | **:** |  |
|  |  |  |

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| **ACCIDENT CATEGORY** |
| Select the appropriate category for the Accident: |
|  |  |
| [ ]  | Slip, Trip, or Fall |
| [ ]  | Equipment or Machinery related |
| [ ]  | Vehicle or Transportation related |
| [ ]  | Struck by Object |
| [ ]  | Caught in/between Objects |
| [ ]  | Electrical Incident |
| [ ]  | Other (specify**) :** |  |

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| **ACCIDENT DESCRIPTION** |
| Provide a detailed description of how the accident occurred | **:** |  |
|  |  |  |

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| **IMMEDIATE ACTIONS TAKEN** |
| Describe the immediate actions taken to address the accident and provide assistance | **:** |  |
|  |  |  |

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| **CONTRIBUTING FACTORS** |
| Were there any contributing factors to the Accident? If yes, select the relevant factors: |
|  |  |
| [ ]  | Unsafe Work Practices |
| [ ]  | Lack of Training |
| [ ]  | Equipment Failure |
|  |  |
| [ ]  | Environmental Conditions |
| [ ]  | Communication breakdown |
| [ ]  | Other (Specify**) :** |  |
|  |  |  |
| **INVESTIGATION:** |
| Will a further investigation be conducted? | **:** | [x]  YES [ ]  NO  |
| If yes, specify the person(s) responsible for the investigation | **:** |  |
|  |  |  |
| Provide any additional details or instructions for the investigation | **:** |  |
|  |  |  |

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| **PREVENTIVE MEASURES** |
| What preventive measures can be implemented to avoid similar Accidents in the future? | **:** |  |
|  |  |  |

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| **ADDITIONAL COMMENTS** |
| Is there any additional information or comments you would like to include? | **:** |  |
|  |  |  |

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| **REPORT FILTER** |
| Name | **:** |  |
| Job Title / Role | **:** |  |
| Contact Details | **:** |  |

Digitize your incident report through Safetymint

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