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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 | | **:** |  |
|  |  | |  |

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

|  |  |  |
| --- | --- | --- |
| **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**) :** |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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? | | | **:** | YES  NO |
| If yes, specify the person(s) responsible for the investigation | | | **:** |  |
|  | | |  |  |
| Provide any additional details or instructions for the investigation | | | **:** |  |
|  | |  | |  |

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

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

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

Digitize your incident report through Safetymint

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