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? :

Name   **:**

Job Title / Role   **:**

Contact Details   **:**