

Work Accident Incident Statement

Date of Statement

YYYY-MM-DD

Time of Statement

HH:MM

Full Name

Job Title

Department

Date of Accident

YYYY-MM-DD

Time of Accident

HH:MM

Location of Accident

Person(s) Involved/Injured

Witnesses (if any)

Describe the Accident/Incident

Include what happened, how it happened, and any contributing factors.

Describe Any Injuries or Damages

Describe injuries sustained, if any.

Action Taken Immediately After the Incident

First aid, emergency response, etc.

Additional Comments

Signature

Date