

Industrial Accident Report

General Information

Date of Report

Date of Accident

Time of Accident

Location

Enter location

Injured Person Details

Full Name

Department/Section

Position/Job Title

Employee ID

Accident Description

Describe what happened

Witnesses (names & contact)

Injury Details

Nature of Injury

Body Part(s) Affected

First Aid/Treatment Provided

Hospitalized?

Immediate Actions Taken

Describe actions taken immediately after the accident

Causes and Recommendations

Possible Cause(s) of Accident

Recommendations to Prevent Recurrence

Report Prepared By

Name

Signature

Date