

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?

Select

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