

Worksite Accident Documentation Template

Date of Accident

Time of Accident

Location of Accident

Describe where the accident occurred

Employee(s) Involved

Name(s) of employee(s)

Job Title

Job title

Witnesses

Name(s) of witnesses

Description of the Accident

Describe exactly what happened

Injuries Sustained

List any injuries

Immediate Action & Treatment Provided

Describe any treatment or actions taken

Possible Cause(s) of Accident

Describe possible causes

Preventive Measures/Corrective Actions

Recommendations to prevent recurrence

Reported By

Name

Date of Report

Supervisor/Manager Signature

Name / Signature

Date