

# Warehouse Loading Dock Accident Report

## General Information

Date

Time

Location of Incident

Reported By

Contact Information

## People Involved

Name(s)

Role/Job Title

Employee ID

## Accident Details

Describe what happened

Equipment or Vehicles Involved

Witnesses (Names and Contacts)

## Injury / Damage

Describe any injuries or damages

Was medical attention required?

Actions Taken

## Follow-up and Prevention

Immediate corrective actions

Recommended steps to prevent future accidents

## Supervisor Review

Supervisor Name

Date

Supervisor Comments