

Manufacturing Plant Machinery Accident Report

Accident Details

Date of Accident

Time of Accident

Location (Area/Section)

Machinery Involved

Machine ID / Number

Description of Event

Injured Person(s) Information

Name

Position/Job Title

Employee ID

Description of Injury

Medical Attention Required

Witnesses

Witness Name(s)

Witness Statement(s)

Immediate Actions Taken

Investigation/Analysis

Root Cause(s)

Corrective Actions Proposed

Report Prepared By

Name

Date