

# Workplace Accident Incident Report

## General Information

Date of Report

Report Prepared By

## Accident Details

Date of Accident

Time of Accident

Location of Accident

Description of Accident

## Persons Involved

Name

Job Title

Department

## Injury Details

Nature of Injury

Body Part(s) Affected

First Aid Provided

Medical Treatment Required

## Witnesses

Name(s) of Witness(es)

## Immediate Action Taken

## Root Cause Analysis

## Corrective Actions / Recommendations

## Supervisor Review

Name

Date

Comments