

Electrical Shock Incident Report (Wiring Installation)

Date of Incident

Time of Incident

Location

Reported By

Contact Number

Person(s) Involved

Job Title/Position

Company/Contractor (if applicable)

Description of Incident

Immediate Actions Taken

Description of Wiring Installation Work at Time of Incident

Type of Injury (if any)

First Aid/Medical Treatment Provided

Possible Causes

Preventive/Corrective Actions Suggested

Supervisor/Manager Name

Date