Electrical Shock Accident Form

Date of Incident	
Time of Incident	
Location	
Reported By	
Name of Injured Person	
Department/Section	
Job Title	
Description of Incident	
Suspected Cause	
 Was medical attention required?	
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Was the person hospitalized?	
Immediate Actions Taken	_
Infinediate Actions Taken	
Witnesses (Names & Contact Information)	
Date Reported	