

Forklift Accident Report Form

Incident Details

Date of Incident

Time of Incident

Location

Forklift & Operator Details

Forklift ID/Number

Operator Name

Operator License No.

Description of Accident

Describe what happened

Persons Involved/Injured

Names & nature of injuries (if any)

Witnesses

Names of witnesses

Property/Equipment Damage

Describe any damage

Immediate Actions Taken

What actions were taken after the accident?

Reported By

Name

Date