

Workplace Accident Report Form Sample

The **workplace accident report form sample** provides a structured template for documenting incidents and injuries at work. It ensures accurate recording of essential details to comply with safety regulations and prevent future accidents. Using a standardized form helps organizations improve workplace safety and maintain legal accountability.

1. Employee Information

Employee Name:

Employee ID:

Department:

Job Title:

2. Incident Details

Date of Incident:

Time of Incident:

Location of Incident:

Description of Incident:

3. Injury Details

Type of Injury (if any):

Body Part(s) Affected:

Treatment Provided:

4. Witness Information

Witness Name	Contact Information
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5. Reporting and Follow-Up

Supervisor/Manager Notified:

Date Notified:

Corrective Actions Taken / Recommendations:

6. Signatures

Employee Signature:

Date:

Supervisor/Manager Signature: