

Industrial Accident Record Form Sample

An **industrial accident record form** sample is a vital document used to systematically document details of workplace accidents, ensuring accurate reporting and compliance with safety regulations. This form assists in recording incident specifics, injury descriptions, and corrective actions taken to prevent future occurrences. Proper use of this sample form enhances workplace safety management and accountability.

Section 1: Basic Information			
Company Name		Department	
Date of Accident		Time of Accident	

Section 2: Employee Details			
Employee Name		Employee ID	
Job Title		Contact Number	

Section 3: Accident Description		
Location of Accident		
Description of Incident		
Witnesses (if any)		

Section 4: Injury Details			
Type of Injury		Part(s) of Body Affected	
Severity		First Aid Given	

Section 5: Corrective Actions & Reporting			
Immediate Corrective Actions Taken			
Recommendations to Prevent Recurrence			
Reported By			Date
Supervisor's Signature			Date