

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