

# Office Accident Record Form Sample

The **office accident record form sample** is a crucial document used to accurately log incidents that occur in the workplace. It ensures comprehensive details such as the date, nature of the accident, and involved parties are systematically recorded. This form helps improve safety protocols and supports compliance with workplace regulations.

## Accident Record Form

Section	Details
Date & Time of Accident	<input type="text"/> <input type="text"/>
Location	<input type="text"/>
Name(s) of Injured Person(s)	<input type="text"/>
Position/Job Title	<input type="text"/>
Description of Accident	<input type="text"/>
Nature of Injury	<input type="text"/>
Witnesses (if any)	<input type="text"/>
Action Taken/First Aid Provided	<input type="text"/>
Person Reporting the Accident	<input type="text"/>
Date Reported	<input type="text"/>
Signature	<input type="text"/>

### Note:

- Ensure all sections are completed accurately.
- Submit this form to the designated safety officer or HR department promptly.
- Retain a copy for your records.