

Workplace Accident Record Form Sample

This **workplace accident record form sample** helps employers document incidents accurately to ensure safety compliance and facilitate incident investigations. It includes essential fields such as date, time, location, and details of the accident and injured parties. Proper record-keeping with this form supports proactive workplace safety management and legal accountability.

Date of Accident:

Time of Accident:

Location of Accident:

Name of Injured Person(s):

Job Title/Position:

Department:

Description of Accident:

Describe what happened, contributing factors, etc.

Details of Injury (if any):

Type, location, and severity of injury

Witness(es) Name(s) & Contact:

Immediate Action Taken:

Was medical attention required?

☐

Yes

☐

No

Reported By:

Date Reported:

Supervisor/Manager Comments:

Recommended Preventive Action(s):

Submit