

Incident and Accident Record Form Sample

The **incident and accident record form sample** is a crucial document used to accurately capture details of workplace incidents and accidents. It helps organizations maintain safety compliance and facilitate thorough investigations. Proper documentation ensures effective risk management and prevention strategies.

1. Basic Information			
Date of Incident/Accident	<input type="text"/>	Time	<input type="text"/>
Location	<input type="text"/>		
Reported By	<input type="text"/>		
2. Person(s) Involved			
Name(s)	<input type="text"/>	Position/Department	<input type="text"/>
Name(s)	<input type="text"/>	Position/Department	<input type="text"/>
3. Description of Incident/Accident			
<input type="text"/>			
4. Injuries/Damages (if any)			
Description	<input type="text"/>		
Severity	Select <input type="button" value="▼"/>	Treatment Provided	<input type="text"/>
5. Witness(es)			
Name	<input type="text"/>	Contact	<input type="text"/>
Name	<input type="text"/>	Contact	<input type="text"/>
6. Immediate Action(s) Taken			
<input type="text"/>			
7. Preventive Measures/Recommendations			
<input type="text"/>			
8. Report Completed By			
Name	<input type="text"/>	Date	<input type="text"/>
Submit	<input type="button"/>		