

# Template for **Accident Report**

Company Name/Logo

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Accident Report

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Date of Accident

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Please submit this report to the appropriate supervisor or safety officer for review and follow-up actions.

<b>Incident Details</b>	
Date and time of the accident	
Location of the accident	
Name and job title of the person(s) involved	

Names of any witnesses	
<b>Description of the Accident</b>	
What happened?	
How did the accident occur?	
Was anyone injured?	
<b>Assessment of the Accident</b>	
What were the contributing factors to the accident?	
Were there any safety violations or hazards that contributed to the accident?	
Could the accident have been prevented?	
<b>Follow-up Actions</b>	

What actions were taken immediately after the accident?	
Was medical attention provided to anyone injured?	
What actions will be taken to prevent similar accidents in the future?	
<b>Additional Comments</b>	
Any additional information or comments related to the accident.	
<b>Signature</b>	
Signature of person completing the report	
Date of signature	