

Template for **Accident Report**

Company Name/Logo

Accident Report

Date of Accident

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

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

Names of any witnesses	
Description of the Accident	
What happened?	
How did the accident occur?	
Was anyone injured?	
Assessment of the Accident	
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?	
Follow-up Actions	

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?	
Additional Comments	
Any additional information or comments related to the accident.	
Signature	
Signature of person completing the report	
Date of signature	