

Workplace Accident Report

ACCIDENT DETAILS

Date of Accident: _____ / _____ / _____

Time: _____

Location: _____

Department: _____

Reported by: _____

Contact Number: _____

EMPLOYEE INVOLVED

Name: _____

Position / Title: _____

Employee ID: _____

Supervisor: _____

DESCRIPTION OF ACCIDENT

TYPE OF ELECTRICAL HAZARD

- Electric shock
- Arc flash
- Arc blast
- Faulty equipment
- Exposed wires
- Other: _____

INJURY DETAILS

Nature of Injury:

Part(s) of Body Affected:

Immediate Medical Attention Provided:

WITNESSES

Name: _____ Contact: _____

Name: _____ Contact: _____

IMMEDIATE ACTIONS TAKEN

RECOMMENDATIONS / CORRECTIVE ACTIONS

REPORT COMPLETED BY

Name: _____

Designation: _____

Signature: _____

Date: ____ / ____ / ____