

# Workplace Accident Report

## ACCIDENT DETAILS

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Department: \_\_\_\_\_  
Reported by: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

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## EMPLOYEE INVOLVED

Name: \_\_\_\_\_  
Position / Title: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

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## DESCRIPTION OF ACCIDENT

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## 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:

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## WITNESSES

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

## IMMEDIATE ACTIONS TAKEN

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## RECOMMENDATIONS / CORRECTIVE ACTIONS

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## REPORT COMPLETED BY

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_