

Electrical Accident Incident Report

Reference Number:

Date of Incident:

Time of Incident:

Location (Site/Area):

Reported By:

Person(s) Involved:

Job Title:

Supervisor:

Description of Incident

Describe what happened:

Type of Electrical Accident (e.g. Shock, Arc Flash, Burn):

Equipment Involved (if any):

Injury Details

Describe injuries sustained (if any):

First Aid Given:

Taken to Hospital?

Cause Analysis

Immediate Causes:

Root Cause(s):

Corrective Actions Taken

Person Responsible for Corrective Actions:

Completion Date:

Report Prepared By:

Signature:

Date:
