

# Production Line Accident Report

Date of Report

YYYY-MM-DD

Date of Accident

YYYY-MM-DD

Time of Accident

HH:MM

Location

Line/Area

Reported By

Name

Department

Department

## Details of the Accident

Describe What Happened

Provide a brief narrative of the incident

Witnesses

Names of witnesses, if any

## Injured Person(s) Information

Name	Job Title	Nature of Injury	Treatment Provided

First Aid / Medical Attention Provided

Describe assistance given

## Cause and Corrective Action

Cause of Accident

Root cause or suspected cause

Immediate Corrective Action Taken

Actions to prevent recurrence

Prepared By:

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

Supervisor/Manager:

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