

Housekeeping Staff Accident Report

General Information

Staff Name

Date of Incident

Time of Incident

Department

Housekeeping

Location of Incident

Accident Details

Describe what happened

Type of Injury

Body Part Affected

First Aid given?

Select

Reported to (Name/Designation)

Witnesses

List names and contact details of witnesses (if any)

Follow-up Actions

Actions Taken After the Incident

Date & Signature of Reporting Staff

Date & Signature of Supervisor/Manager