Accident/ Injury Reporting Form

Date of Accident:

Time of Accident:

Place of Accident:

Name of Personnel who Attended Accident:

Accident Details	
Reasons for Accident	
Injury Suffered	
Actions Taken	

Checklist

- **The Ambulance was called?**

No [ ] Yes [ ] give details.

- **The injured person was taken to the hospital?**

No [ ] Yes [ ] give details.

- **Was any first aid given?**

No [ ] Yes [ ] give details.

- **Was the accident reported to the management?**

No [ ] Yes [ ] give details.

Signature:

Date:

Name of the Personnel: