Contractor Logo

Contractor Name
PROJECT NAME

ACCIDENT / INCIDENT REPORT

Ref. NO.: _____ **Time & Date:** _____

Classification of Accident

Death ☐ **Injury** ☐ **Damage** ☐ **Fire** ☐ **Near Miss** ☐

Type of Accident

Lost Time Accident ☐ **Non - lost Time Accident** ☐

Name of Injured: _____ **Area:** _____

Employee ☐ **Subcontractor** ☐ **Visitor** ☐ **Others:** _____

Accident Date: _____ **Time:** _____ **Date Reported:** _____

Location of Accident:

Disposition of Injured Person:

Received First Aid & Returned to Work ☐ ***Sent to Hospital*** ☐ ***Sent Home*** ☐ ***Taken by Ambulance for Emergency Treatment*** ☐

Description of Accident:

Were protective devices / clothes used? ***Yes*** ☐ ***No*** ☐

Corrective action taken / comments:

_____ _____

HSEQ Supervisor / Officer ***HSEQ Manager***