



Worksite:


Date:

To

.....
.....

I have to report that Mr./Mrs. _____ met with an accident while working at the above worksite. The details of the workmen are given below.

1. Name of Injured person	
2. Age & Date of Birth	
3. Religion & Caste	
4. Date of Joining	
5. Local Address	
6. Permanent Address	
7. Name and address of Father	
8. Category of workmen	
9. Employer Name (if employed under Sub-Contractor)	
10. Date of Accident & Time	
11. Whether Married or Unmarried if married who are dependents	
12. Name of the Hospital if treatment is taken	
13. State whether still in the Hospital or when discharged	
14. State whether returned to work and if so when	
15. Was the injured person under the Influence of drink or drugs at the time of the accident	
16. Has the matter been reported to the Police? If so, Name of the Police Station and Case No	
17. Name of the person making the Report	
18. Designation	
19. Cause of the Accident (How the accident occurred) :in Brief	

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		Page 2 of 2

ACCIDENT INVESTIGATION REPORT

Site Name –

Name of the injured / dead person –

Name of Contractor –

Date –

Time-

Investigating Officer –

WHAT HAPPENED:**WHAT RESULTED****SIGNIFICANT CAUSE****ROOT CAUSE****PREVENTIVE ACTION**

Sr. No.	Preventive action	Responsibility	Target date	Comp. Date	Remarks if any
1					
2					
3					
4					
5					

Signature of Safety Officer

Signature of Site-In-Charge