ACCIDENT/INCIDENT ANALYSIS FORM

PERSONAL DETAILS OF THE INJURED PERSON

Name of the person : Emp.No.:

Category & Bay : Date of Joining:

ACCIDENT/INCIDENT DETAILS

Area of accident : Date & Time of accident:

ACCIDENT/INCIDENT DESCRIPTION

ROOT CAUSE FOR ACCIDENT/INCIDENT

REMEDIAL MEASURES

SIGNATURE OF THE FOREMAN/ENGINEER

SIGNATURE OF THE MALE NURSE

SIGNATURE OF THE SAFETY DEPT.

SIGNATURE OF HOD

SAFETY FIRST