



F/QSP 18/01/00

Incident/Accident Report

☐ FATAL

☐ Minor Injury

☐ INJURY (Hospitalization)

☐ Near - miss

Reported by: _____

Date: _____

Designation: _____

S. No.: _____

Location: _____

Deptt.: _____

Description of Incident/Accident

Name of the Person(s) affected

1. _____

2. _____

3. _____

Immediate Action Taken

Preventive Action Taken

(Reporter Name)

(Witness Name)

(Chairperson)



Incident/Accident Log

Department of _____

S. No.	Date of Report	Reported by	Designation	Location of Incident	Fatal	Injury	Minor Injury	Near-miss	Immediate Action	Preventive Action	Sign of Chairperson
1.											
2.											
3.											
4.											
5.											
6.											
7.											

