



ENVIRONMENT, HEALTH & SAFETY MANAGEMENT SYSTEM (EHSMS)

DEPARTMENT OF MATERIALS AND MECHANICAL TECHNOLOGY
FACULTY OF TECHNOLOGY, UNIVERSITY OF SRI JAYEWARDENEPURA

Accident Report Form

LOCATION:

DATE:

TIME

ACCIDENT INFORMATION

REPORTED BY	
WITNESS (IF ANY)	
NAME OF INJURED PERSON & CONTACT NUMBER	
DESCRIPTION	What parts of the body were injured?
	What was the nature of the injury?
	(i) how the accident happened? (ii) What was employee doing prior to the event? (iii) What equipment, tools being using?
CORRECTIVE ACTION	(i) Were safety regulations in place and used? If not, what was wrong?

	(ii) Recommended preventive action to take in the future to prevent reoccurrence.
ACTIONED BY	

WHAT WAS THE FIRST AID ACTION TAKEN?		
WAS MEDICAL TREATMENT NECESSARY?		
IF YES, NAME OF HOSPITAL / PHYSICIAN:		
DATE OF VISIT	TIME OF VISIT	HOSPITAL / PHYSICIAN PHONE

VERIFICATION

**SUPERVISOR
NAME:** _____

DATE: _____

**SUPERVISOR
SIGNATURE:** _____



INSTRUCTIONS This form shall be completed by the supervisor as soon as possible and submit to the department office for further action