



المفتاح للمقاولات ذ.م.م.
KEY CONSTRUCTION W.L.L.

From: _____

To: Safety Officer

ACCIDENT REPORT

Name

Designation

Token Number

Name of the site where accident took place

Date and Time of Accident

Date and Time of reporting the
accident by the employee

Date and Time when the employee
stopped work

Brief description as to how the
accident occurred

Exact nature of injury

Was there any contributory negligence
on the part of the employee concerned.

Did the accident occur due to any defect
of the machinery?

Name of two witnesses (if any)

(1)

(2)

Signature of
Safety Supervisor

Name

Date: _____

Designation
