SITE ACCIDENT REPORT FORM

OWNER S NAME		**PLOT NO**	
CONSULTANT NAME		**DATE OF ACCIDENT**	
CONTRACTOR NAME		**TIME OF ACCIDENT**	

DESCRIPTION
1. Type of Accident: ☐ Injury/Illness ☐ Fatality ☐ Multiple Fatalities ☐ Property Damage ☐ Fire
2. Exact location on the project site, where the accident occurred:
3. Details of damage to the property, assets or environment: (If any)
4. Description of accident: (ATTACH SUPPORTING IMAGES/SKETCHES AND DOCUMENTS)
5. Particulars of the person injured/deceased: (No. of persons injured/deceased:_____)

Name:	1	2	3
Occupation:			
Passport Number: (Attach passport copy(ies)			
Nature of injury received:			
Task/Activity involved at the time of Accident			

*If the above area is not enough please attach in a separate sheet.

	CONTRACTOR'S PROJECT MANAGER	**CONSULTANT'S PROJECT MANAGER/ RESIDENT ENGINEER**
NAME		
TEL		
MOBILE		
EMAIL		
SIGNATURE		
STAMP		

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