

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		