



Forklift Accident/Incident Form

Provided by ForkliftSafety.com

Location of forklift

Address: _____ City: _____ State: ____ Zip: _____

Facility Location Where Accident Occurred: _____

Contact person: _____

Phone Number: (_____) _____

Operator Involved

Name: _____ Title: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Number: (_____) _____ DOB: ____ / ____ / ____

Was operator trained to operate forklift? **Yes / No**

Supervisor's Name: _____

Time accident occurred: _____ am / pm | Shift: Day / Night / Swing

Individuals involved: (See page 3)

<u>Company Name:</u>	<u>Date:</u>	<u>Name of Person Preparing Form:</u>
<u>Make of Forklift:</u>	<u>Model #:</u>	<u>Serial #:</u>
<u>Year of Manufacture:</u>	<u>Hour Meter Reading:</u>	<u>Capacity Rating:</u>
<u>Fork Length:</u>	<u>Fork Condition:</u> Good / Fair / Poor	<u>Tires:</u> Pneumatic / Solid / Cushion
<u>Tire Condition:</u> Good / Fair / Poor	<u>Tire Tread Remaining:</u> Drive %: _____ Steer %: _____	<u>Operator's Manual:</u> Yes / No
<u>Nameplate/Data Tag:</u> Yes / No	<u>Safety Warnings:</u> Yes / No	<u>Seatbelt:</u> Yes / No

<u>Location within facility:</u>	<u>Treated in ER:</u> Yes / No	<u>Weather:</u>
<u>Road Surface Condition:</u>	<u>Photos:</u> Yes / No	<u>Time Employee Began Shift:</u> _____ am / pm

Name of injured person(s)/people involved: (see page 3)

Nature of injury: _____

Person to whom accident was reported: _____

Witnesses: (see page 4)

Extent of Damage: Forklift / Property / Other

Incident Outcome: Injury / Vehicle Incident / Environmental Incident / Extent of Damage

Equipment involved:

Description of accident / incident:

Remarks / Comments:

Disclaimer: This supplemental form has been provided to you by Forklift Safety Training Services, Inc. (ForkliftSafety.com) for your convenience in the workplace. This supplemental "Forklift Accident/Incident Form" has been created to assist in gathering information or facts in addition to other mandatory or recommended accident or incident forms that are required or available from insurance companies, government agencies or other entities that require specific forms for proper accident/incident reporting.



People Involved
 Provided by ForkliftSafety.com

Involved in accident:

Name(s):	Address:	Phone Number:

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Witnesses

Provided by ForkliftSafety.com

Witnesses of accident:

Name(s):	Address:	Phone Number:

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