**Incident / Accident Report & Grievance Form**

**Section A: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Ahmed Ali | Employee ID | EMP-204 |
| Department | Production | Job Title | Machine Operator |
| Supervisor Name | Mr. Salman Qureshi | Contact Number | 0301-2258899 |
| Email | ahmed.ali@company.com |  |  |

**Section B: Incident / Accident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident | 12-Jan-2025 | Time of Incident | 03:45 PM |
| Location | Assembly Line 2 | Type of Incident | Accident / Near Miss / Hazard / Injury / Property Damage |
| People Involved | Ahmed Ali, Waqas Khan | Witnesses | Waqas Khan (Technician) |
| Description of What Happened | While adjusting the conveyor belt, my glove got caught in the rollers causing a minor hand injury. | Equipment/Tools Involved | Conveyor Belt Machine |
| Injury Type (if any) | Minor hand abrasion | First Aid Provided? | Yes |
| Reported To | Supervisor immediately |  |  |

**Section C: Grievance Details (If Employee Chooses to File a Grievance)**

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Grievance | Safety Issue / Negligence / Policy Violation / Lack of Training / Other | | |
| Explanation of the Grievance | The machine’s guard was loose for several days but maintenance had not repaired it despite earlier complaints. | | |
| Impact of the Issue | Unsafe workspace, potential for serious injuries. | Desired Resolution | Immediate repair of machine guard and monthly safety checks. |

**Section D: Evidence / Attachments**

|  |  |  |
| --- | --- | --- |
| **Evidence Type** | **Attached (Y/N)** | **Notes** |
| Photos | Yes | Pictures of loose guard |
| Medical Report | Yes | First aid slip attached |
| Witness Statement | No |  |
| Other Documents | No |  |

**Section E: Supervisor / Manager Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Comments | Incident verified. Maintenance was notified earlier but no action taken. | | |
| Immediate Action Taken | Machine stopped; guard temporarily fixed; full repair scheduled. | Risk Level | Low / Medium / High |
| Recommended Further Action | Conduct safety refresher training; investigate maintenance delays. | Supervisor Name & Signature | Salman Qureshi |
| Date | 13-Jan-2025 |  |  |

**Section F: HR / Safety Department Review**

|  |  |  |  |
| --- | --- | --- | --- |
| HR/Safety Findings | Maintenance lapse confirmed; corrective action required. | | |
| Corrective / Preventive Actions | Repair completed; weekly checks mandated; maintenance staff warned. | | |
| Follow-Up Date | 20-Jan-2025 | HR/Safety Representative | Ms. Rubina Khan |
| Signature |  | Date | 14-Jan-2025 |

**Section G: Employee Confirmation**

|  |  |
| --- | --- |
| **Statement** | **Employee Response** |
| I confirm that the information provided is accurate to the best of my knowledge. |  |
| Employee Signature |  |
| Date |  |

**Section H: For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Case Number |  | File Stored In |  |
| Closing Date |  | Final Remarks |  |