

Standardized Workplace Safety Incident Report

General Information

Report Number:

Date of Incident:

Time of Incident:

Location of Incident:

Persons Involved

Name(s):

Job Title(s):

Department(s):

Incident Details

Description of Incident:

Immediate Action Taken:

Equipment or Property Involved:

Injury Information

Was anyone injured? (Yes/No):

If yes, describe injuries:

First Aid Given? (Yes/No):

Medical Treatment Required? (Yes/No):

Witness Information

Witness Name(s):

Contact Information:

Incident Analysis

Possible Causes:

Recommendations & Preventive Actions:

Reported By

Name:

Date:

Important Notes:

- Complete all sections as accurately and thoroughly as possible.
- Submit the report promptly to your supervisor or safety department.
- Confidentiality of personal information should always be maintained.
- This document helps identify hazards, prevent recurrence, and improve workplace safety.
- Follow up on recommended preventive actions is essential.