

Incident Report for Worksite Injuries

Date of Report:

Report Number:

Employee Information

Full Name:

Department/Position:

Employee ID:

Incident Details

Date of Incident:

Time of Incident:

Location:

Description of Incident:

Injury Type and Body Part(s) Affected:

Immediate Actions Taken

First Aid or Medical Treatment Provided:

Person(s) Notified:

Witness Statements

Names of Witnesses and Summary of Statements:

Reporter Information

Name:

Signature:

Date:

Important Notes:

- All incidents must be reported as soon as possible, regardless of severity.
- Accuracy and completeness are critical for workplace safety and compliance.
- Maintain confidentiality of personal and sensitive information.
- This document may be reviewed by regulatory bodies during audits or investigations.
- Retain copies of all incident reports as per organizational and regulatory requirements.