

# Workplace Incident Report

## INCIDENT INFORMATION

Date of Incident:

Time of Incident:

Location of Incident:

(e.g., Warehouse - Section B)

## PERSONS INVOLVED

Name(s):

(e.g., John Doe)

Employee ID(s):

Role/Position:

(e.g., Forklift Operator)

## INCIDENT DETAILS

Description of Incident:

Provide a detailed description of the incident.

Witnesses (if any):

Name(s) of witnesses

Injuries (if any):

Describe any injuries sustained

Equipment/Property Damage:

Detail of damages (if any)

## IMMEDIATE ACTION TAKEN

Actions Taken Immediately:

Describe actions or measures taken after the incident

## FOLLOW-UP/RECOMMENDATIONS

Further Action or Recommendations:

Suggest preventive measures or further actions

**REPORT PREPARED BY**

Name & Position:

Date:

Signature:

(if digital, type full name)

## **Important Notes**

- Ensure all sections are completed with accurate, factual information.
- Submit the report to the designated supervisor or safety officer as soon as possible after the incident occurs.
- Confidentiality must be maintained when sharing incident reports.
- This document forms part of the official workplace safety records.
- Use clear, unbiased language avoiding speculation or assumptions.