

Workplace Incident Report

INCIDENT INFORMATION

Date of Incident:

Time of Incident:

Location of Incident:

PERSONS INVOLVED

Name(s):

Employee ID(s):

Role/Position:

INCIDENT DETAILS

Description of Incident:

Witnesses (if any):

Injuries (if any):

Equipment/Property Damage:

IMMEDIATE ACTION TAKEN

Actions Taken Immediately:

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.