

# Workplace Safety Incident Report Form

## 1. Basic Information

Employee Name

Position/Title

Department

Date of Incident

Time of Incident

Location of Incident

## 2. Incident Details

Describe the Incident

Injuries Sustained (if any)

Witnesses

Possible Cause of Incident

Action Taken Immediately After Incident

## 3. Reporting

Reported By

Report Date

Signature