Incident Reporting Template for Workplace Injuries

Date of Incident

Time of Incident

Location of Incident

e.g., Warehouse, Office

Reported By

Full Name

Injured Person(s)

Full Name(s)

Job Title

e.g., Supervisor, Driver

Department

e.g., Production, Finance

Description of Incident

Describe what happened

Type of Injury

e.g., Burn, Laceration, Fracture

Body Part(s) Injured

e.g., Left Arm, Right Leg

Was Treatment Provided?

Select option

If Yes, Describe Treatment

Describe any medical attention or first aid

Witnesses (if any)

Full Name(s)

Possible Cause(s) of Incident

State known or suspected cause(s)

Action Taken / Corrective Measures

e.g., Equipment repaired, Additional training

Reported By (Signature)

Date