Workplace Safety Incident Report

Report Number:

Enter report number

Date of Report:

Name of Person Reporting:

Enter your name

Position/Title:

Enter your position

Date and Time of Incident:

Location of Incident:

Describe the location

People Involved (Names & Contact Details):

List all people involved

Description of Incident:

Provide a detailed description of what happened

Immediate Action Taken:

Describe the action(s) taken immediately after the incident

Witnesses (Names & Contact Details):

List all witnesses

Injury or Damage Details:

Describe any injuries or property damage

Recommendations or Follow-up Actions:

State your recommendations or follow-up required

Reported By (Signature):

Sign or type your name

Date: