Workplace Accident Incident Report

Incident Details

Date of Incident

Time of Incident

Location

Worksite/Department/Area

Person(s) Involved

Name

Full Name

Job Title/Position

Job Title

Employee ID

Employee ID

Contact Information

Phone or Email

Description of Incident

Provide a detailed description of the incident:

Injury/Illness Details

Nature of injury/illness (if any):

e.g., cut, sprain, burn

Part(s) of body affected:

First aid/treatment given (if any):

Witness(es)

Name(s) and contact information:

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Causes and Contributing Factors

Describe any possible causes or contributing factors:

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Corrective Actions

Steps taken or recommended to prevent recurrence:

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Report Prepared By

Name

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Position

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Date

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