

# Workplace Safety Incident Report Form

## Incident Details

Date of Incident

Time of Incident

Location

Reported By

Department

## Persons Involved

Name(s) of Person(s) Involved

Witness(es)

## Incident Description

Describe the Incident

Was there any injury or damage?

If yes, describe injury or damage

## Immediate Actions Taken

Describe actions taken immediately after incident

## Further Actions Suggested

Recommendations or follow-up required

Reporter's Signature

Date Signed

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