

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

Reporterâ€™s Signature

Date Signed

