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**Workplace Incident Report Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT DETAILS** | | | |
| Date and time of the incident | | **:** |  |
| Location of the incident | | **:** |  |
| Describe the incident | | **:** |  |
|  | |  |  |
| Details of the witnesses, if any | | **:** |  |
|  |  | |  |

|  |  |  |
| --- | --- | --- |
| **INCIDENT CATEGORY** | | |
| Select the appropriate category for the incident: | | |
|  |  | |
|  | Safety | |
|  | Health | |
|  | Security | |
|  | Environmental | |
|  | Property Damage | |
|  | Other (specify**) :** |  |

|  |  |  |
| --- | --- | --- |
| **PERSON(S) INVOLVED** | | |
| Name(s) of the person(s) directly involved in the incident | **:** |  |
|  |  |  |
|  |  |  |
| Job title(s) of the person(s) involved | **:** |  |
|  |  |  |
| Describe the nature and extent of the injuries, if any | **:** |  |
|  |  |  |
| Describe the treatments provided, if any | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **INCIDENT DESCRIPTION** | | |
| Provide a detailed description of the incident, including how it occurred and any contributing factors | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **IMMEDIATE ACTIONS TAKEN** | | |
| Describe the immediate actions taken to address the incident and mitigate any further risks or damages | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **FOLLOW-UP ACTIONS** | | |
| Outline any follow-up actions or investigations that will be conducted as a result of the incident | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **PREVENTIVE MEASURES** | | |
| What preventive measures can be implemented to avoid similar incidents in the future? | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **ADDITIONAL COMMENTS** | | |
| Is there any additional information or comments you would like to include? | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **REPORT FILTER** | | |
| Name | **:** |  |
| Job Title / Role | **:** |  |
| Contact Details | **:** |  |

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