

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 :

Template provided by:



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