

# WORKPLACE INCIDENT REPORT

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Date of Report: \_\_\_\_\_, 20\_\_\_\_

## Individual(s) Involved

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Incident Details

Date of Incident: \_\_\_\_\_, 20\_\_\_\_

Time of Incident: \_\_\_\_\_

Type of Incident (check all that apply):

- Injury
- Property Damage
- Environmental
- Near Miss
- Vehicle Accident
- Other: \_\_\_\_\_

Description of Incident (include specific details, actions, and events leading up to the incident):

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Location of Incident (be as specific as possible):

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**Witnesses** (if applicable)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Injuries** (if applicable)

Type of Injury: \_\_\_\_\_

Affected Body Part(s): \_\_\_\_\_

Immediate Treatment/First Aid Provided: \_\_\_\_\_

Treatment Facility: \_\_\_\_\_

**Property Damage** (if applicable)

Description of Damaged Property:

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Estimated Cost of Damage: \_\_\_\_\_

**Incident Investigation**

Root Cause(s) of Incident:

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Corrective Actions Taken:

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**Employee Statement**

I, \_\_\_\_\_ (Employee Name), confirm that the information provided in this Workplace Incident Report is true and accurate to the best of my knowledge.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

**Supervisor's Statement**

I, \_\_\_\_\_ (Supervisor Name), have reviewed this Workplace Incident Report and confirm that it accurately reflects the information provided by the employee and other witnesses.

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

