## **Workplace Incident Report Form**

Employee Name	
Employee ID	
Department	
Position	
Date of Incident	
Time of Incident	
Incident Location	
Describe the Incident	
Witnesses (if any)	
Injuries Sustained (if any)	
Immediate Action Taken	
Departed Te	
Reported To	
Date of Report	
Date of Nepolt	
Additional Notes	
, reduction in total	