

# Workplace Accident Incident Report

## General Information

Date of Incident

Time of Incident

Location of Incident

Department

## Personal Information

Full Name of Injured Person

Job Title

Contact Information

## Incident Details

Description of Incident

Type of Injury

Body Part Affected

Immediate Action Taken

## Witness Information

Name(s) of Witness(es)

Witness Statement(s)

### **Reporter Information**

Reported By

Date Reported