

Workplace Accident Incident Report

Date of Incident:

Time of Incident:

Location of Incident:

Employee(s) Involved:

Job Title(s):

Department:

Description of Incident:

Injury Details (if any):

Witness(es):

Immediate Action Taken:

Reported To:

Date & Time Reported:

Follow-up/Recommendations:

Further Actions Required:

Report Completed By:

Name:

Signature:

Date: