

Incident Information

Date of Incident

Time of Incident

Location (Banquet Hall Name/Room)

Employee Information

Name

Job Title

Supervisor Name

Accident Details

Description of Accident

Cause of Accident (if known)

Equipment Involved (if any)

Injuries Sustained

Witness Information

Witness Name(s)

Witness Statement(s)

Response & Follow-Up

Immediate Actions Taken

Further Recommendations or Corrective Actions

Reporting

Report Completed By

Date