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# Workplace Incident Report

## 1. Incident Details

- **Date of Incident:** [Insert Date]
- **Time of Incident:** [Insert Time]
- **Location of Incident:** [Specific Workplace Area]
- **Type of Incident:** [e.g., Injury, Equipment Failure, Hazard, etc.]

## 2. Reporter Information

- **Name:** [Full Name]
- **Position/Department:** [Position and Department]
- **Contact Information:** [Phone Number/Email]

## 3. Individuals Involved

- **Name(s):** [Names of affected individuals or witnesses]
- **Position(s):** [Their roles in the workplace]
- **Contact Information:** [Provide contact details for each individual]

## 4. Incident Description

- **What Happened:** [Detailed explanation of the event]
- **Sequence of Events:** [Chronological order of the incident]
- **Immediate Actions Taken:** [E.g., first aid, evacuation, informing supervisor, etc.]

## 5. Damage/Impact

- **Injuries (if any):** [Details of injuries sustained]

- **Property Damage (if any):** [Affected equipment or infrastructure]
- **Operational Impact:** [Details of disruptions caused by the incident]

## 6. Follow-Up Actions

- **Corrective Measures:** [Steps to address and prevent recurrence]
- **Reporting to Authorities:** [Indicate if external authorities were contacted]
- **Other Notes:** [Additional observations]

## 7. Approvals and Signatures

- **Reporter's Name:** [Full Name]
- **Signature:** [Signature]
- **Supervisor's Name:** [Full Name]
- **Signature:** [Signature]