## horizontal line**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]