FREE DOWNLOAD

REPORT TEMPLATE

Workplace Incident Report

Report date _____ **Incident Number** _____

PERSON INVOLVED/INJURED

Name _____

_____

Address _____

Phone number _____

Email _____

Role

- ☐ *Employee*
- ☐ *Contractor*
- ☐ *Visitor*
- ☐ *Other* _____

DETAILS OF INCIDENT/ACCIDENT

Incident date _____ Incident time _____

Location _____

Injuries _____

_____

_____

Action taken ☐ *First aid provided* ☐ *Ambulance called* ☐ *Taken to hospital* ☐ *Police called*

Details _____

_____

_____

WITNESSES

Name _____ Role _____ Number _____

Name _____ Role _____ Number _____

Name _____ Role _____ Number _____