

# Incident Safety Report

**Date:** [Insert Date]

**Reported By:** [Insert Name]

**Department:** [Insert Department]

**Incident Date:** [Insert Incident Date]

**Incident Time:** [Insert Incident Time]

**Location of Incident:** [Insert Location]

## Incident Description:

[Provide a detailed description of the incident]

## Injuries/Illnesses:

[List any injuries or illnesses that occurred as a result of the incident]

## Immediate Actions Taken:

[Describe any immediate actions taken following the incident]

## Investigative Findings:

[Summarize findings from the investigation of the incident]

## Recommendations:

[Provide recommendations to prevent future incidents]

## Submitted By:

[Insert Name and Title]