

# Occupational Health Incident Report

**Date:** [Insert Date]

**To:** [Recipient's Name]

**From:** [Your Name]

**Department:** [Your Department]

**Subject:** Occupational Health Incident Report

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## Incident Details

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

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

**Location:** [Insert Location]

### Description of Incident

[Provide a detailed description of the incident, including what happened, who was involved, and any immediate actions taken.]

### Injuries Sustained

[Detail any injuries sustained by individuals involved in the incident.]

### Witnesses

[List any witnesses to the incident and their contact information.]

### Follow-Up Actions

[Outline any follow-up actions that will be taken, including medical treatment and preventive measures.]

### Report Submitted By

[Your Name]

[Your Position]

[Your Contact Information]

**Attachments**

[List any attachments that accompany this report.]

**Signature:** \_\_\_\_\_