

Health and Safety Incident Report

Date of Report: [Insert date]

Incident Date: [Insert date of incident]

Location of Incident: [Insert location]

Reported By:

Name: [Insert name]

Position: [Insert position]

Contact Information: [Insert contact info]

Description of Incident:

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

Injuries Sustained:

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

Witnesses:

- [Insert witness name and contact information]
- [Insert witness name and contact information]

Actions Taken:

[Describe any actions that were taken in response to the incident, such as first aid, evacuation, or reporting to management.]

Recommendations for Future Prevention:

[Provide suggestions on how similar incidents can be prevented in the future.]

Signature:

[Insert name and signature]